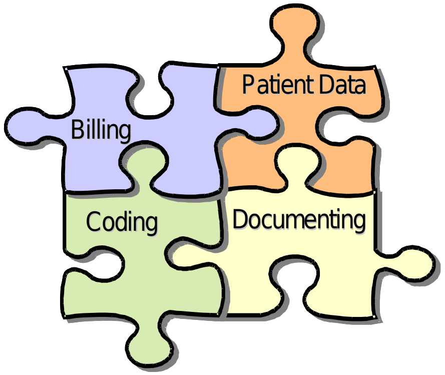
CORE COMPETENCIES

2005 UBU/UBO Conference MSA Workshop (Track 7)

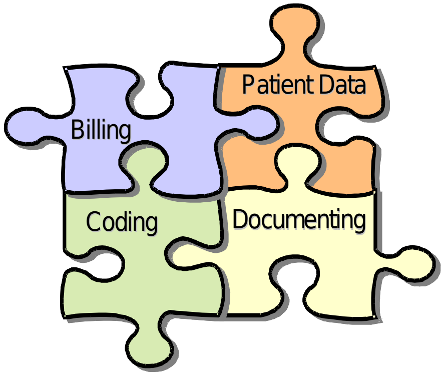
Tuesday - May 17



Contents:

1. MSA Workshop Overview (Mootz, Don)
2. Sales Code, Fund ID, Lines of Accounting (Mootz, Don)
3. HIPAA and the UBO (Sadauskas, Thomas)
4. HQ USA Medical Command Debt Management (Busanet, Charlene)
5. UBO Manual Overview/Changes (Prater, SMSgt DeLisa ; Ashby, Douglas; Coke, Elizabeth, Watnik, Robbi-Lynn
6. Patient Valuables (Holden, TSgt Tameka)
7. Patient Category Codes (PATCATs) – What You Don’t Know Can Hurt You! (Coleman, Russ)

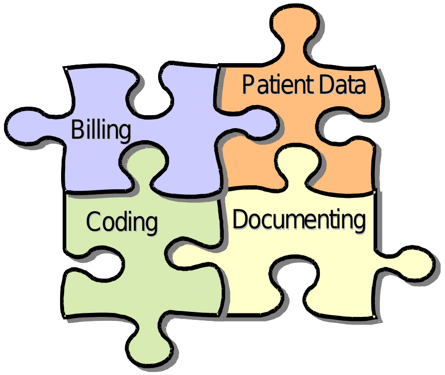
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

MSA
Workshop Overview

Donald J. Mootz
Director, NCA/1CHCS Business Applications
NCA Multi-Service Market
202-356-0833
DSN: 642-0833
Mootzd@na.amedd.army.mil
17 May 2005/0800
Track 7, MSA

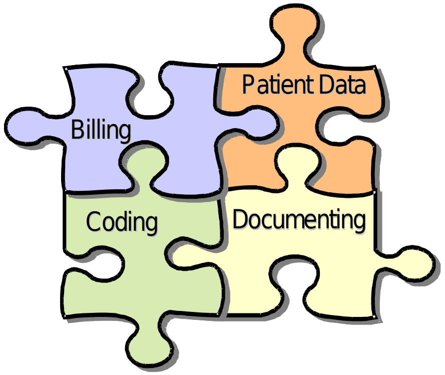
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

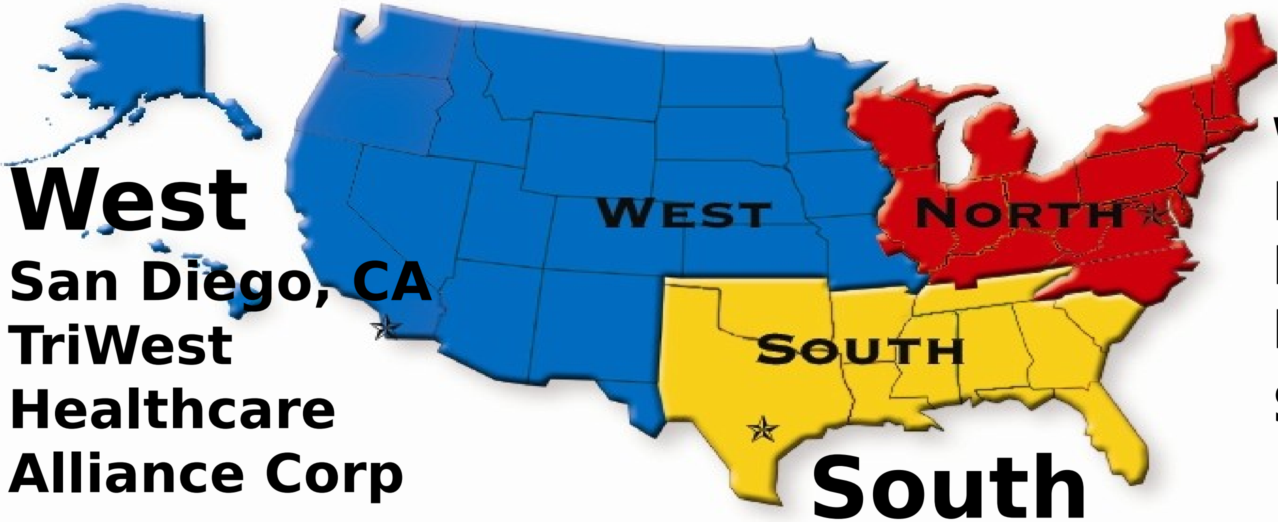
Introduction
Don Mootz

- USAF/MSC
- CHCS: Member Source Selection Evaluation Committee: 1987
- SAIC: 1988
  - CHCS-MSA
  - Current position: January 2002

CORE COMPETENCIES


Billing
Patient Data
Coding
Documenting

CA Multi-Service Market


WEST
NORTH
SOUTH

West

San Diego, CA
TriWest Healthcare Alliance Corp

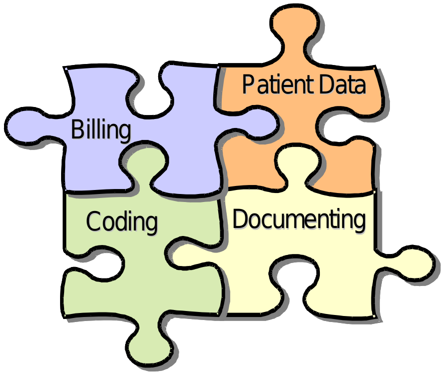
North

Washington, D.C.
Health Net Federal Services

South

San Antonio, TX
Humana Military Healthcare Se

NCA Multi-Service Market Workshop


Billing
Patient Data
Coding
Documenting

NCA MSA/TPOCS Workshop

- **Kimbrough ACC/ October 2003**
  Ms. Chandra J. Washington
- **DeWitt ACH/April 2004**
  Mr. Dennis Mack
- **NNMC, Bethesda**
  Ms. Stephanie L. Beasley

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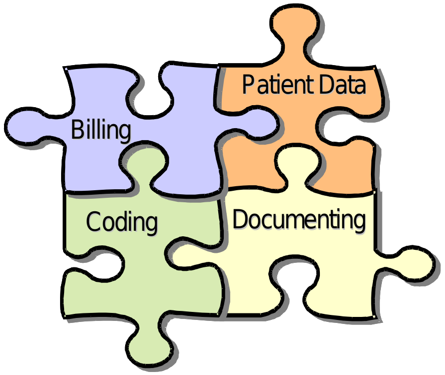
NCA MSA/TPOCS Workshop
continued


Patient Data
Billing
Coding
Documenting

- WRAMC:

  26-28 October 2005

  MSA Computer Training class (limited)

  MSA

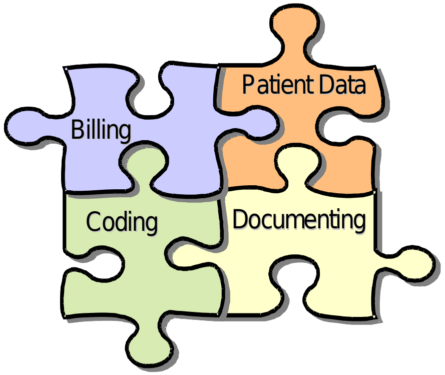
  TPOCS

- **Ms. Elmie Nesfield**
- **Ms. Deborah Totolo**

CORE

COMPETENCIES

OIB Success Story

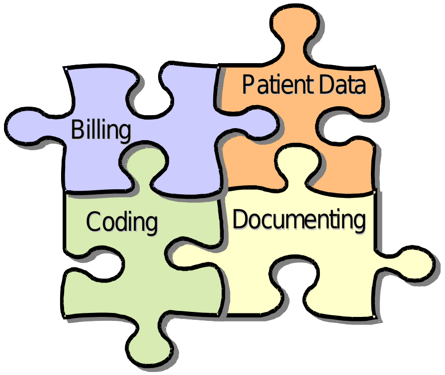

Patient Data
Billing
Coding
Documenting

- **26 Apr 05-after OIB/ 2 ½ yrs:**
  - **11540 [+11,318]**
  - **4025 [+ 3,707]**
  - **10808 [+ 9,824]**
  - **49240 [+38,533]**

- **1 Oct 2002 – prior to OIB:**
  - **222**
  - **318**
  - **984**
  - **10707**

CORE COMPETENCIES

Keys to Success


Patient Data
Billing
Coding
Documenting

MSA - PATCAT

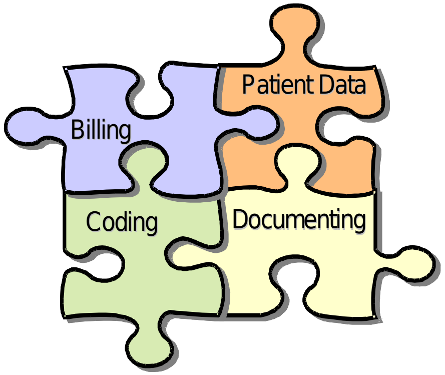
TPC - OHI

ADM - CODING

STAFFING

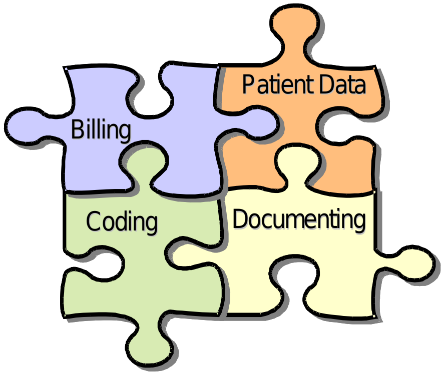
TRAINING

Where Is The Money?


Patient Data
Billing
Coding
Documenting

- Your Command
- Your Hospital/Clinic Commander
- Your Boss
- The Clinics
- You

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

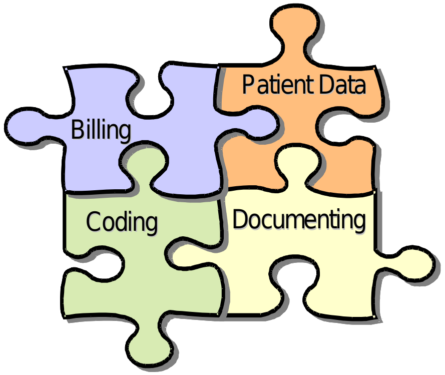
Action

Follow the lead of some local hospitals

According to CNN/September 2004

CORE COMPETENCIES

Local Hospital


Patient Data
Billing
Coding
Documenting

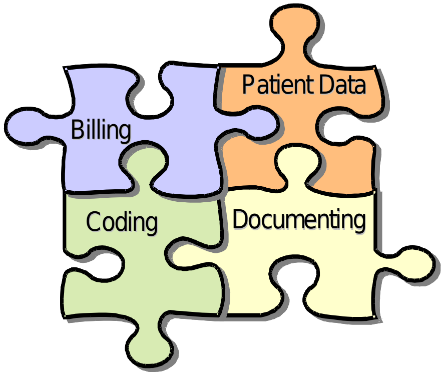
A typical short-term hospital stay for a patient with Hodgkin's lymphoma is:

Medical/surgical supplies: $2,271
Room/board: $4,358
Pharmacy: $6,096
Diagnostic tests: $8,912
Intensive Care: $5,489

So how do they collect payment?

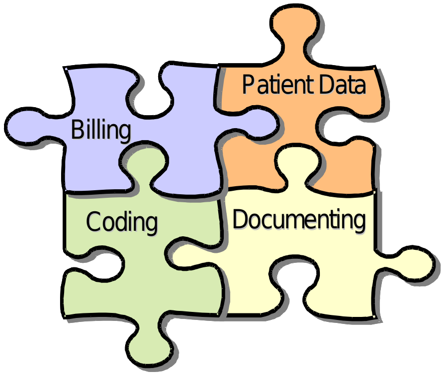
CORE COMPETENCIES

Local Hospital


Patient Data
Billing
Coding
Documenting

- Garnishing wages
- Putting liens on homes
- Have patients arrested
- Take patient to court
- Levy heavy charges/fines on unpaid bills
- Charge patients who LOST their insurance several times MORE than insured patients.

CORE COMPETENCIES

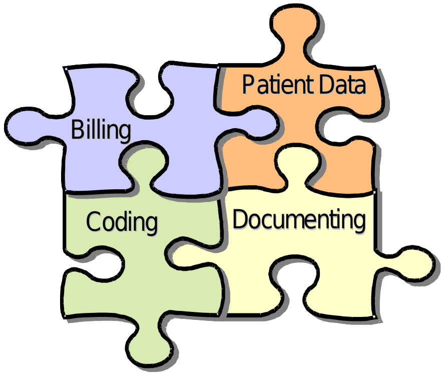

Patient Data
Billing
Coding
Documenting

Local Hospital

This CNN story was entitled:

“Bankrupted By Illness”

CORE COMPETENCIES



Local Hospital

Costs

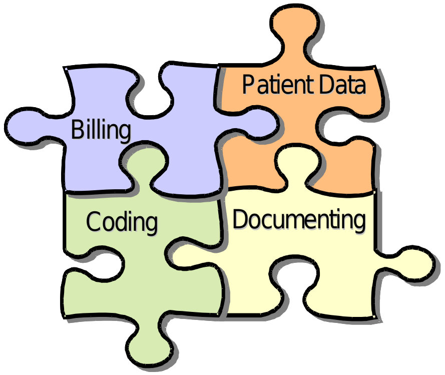
According to the AHA/American Hospital Association in Chicago (2004):

Fully one third of hospitals **lost money** last year, mostly due to the costs of treating uninsured patients, rising drug prices, increased hospital staffing costs and lower reimbursement from insurers.

So What Are Those Methods Again?:

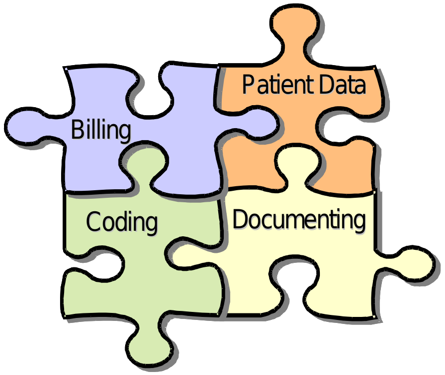
CORE COMPETENCIES

Local Hospital


Patient Data
Billing
Coding
Documenting

- Garnish wages
- Liens
- Arrested
- Court
- Heavy charges/fines
- Charge patients who LOST their insurance several times MORE than insured patients.

CORE COMPETENCIES


Patient Data
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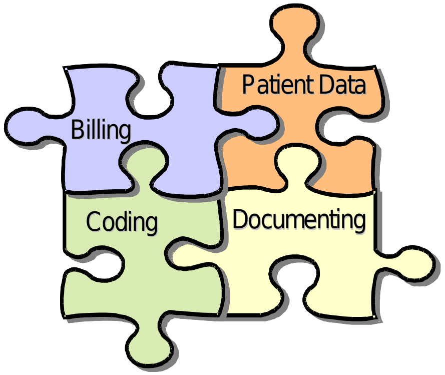
Local Hospital

It is YOUR decision!

$$$$$

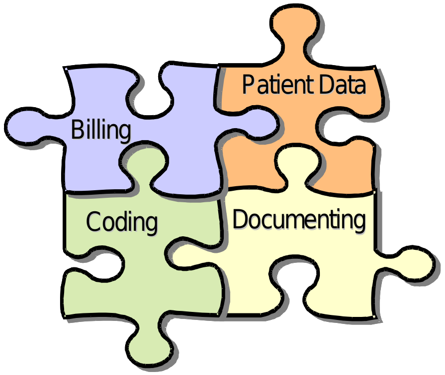
CORE COMPETENCIES

Workshop Overview


Billing
Patient Data
Coding
Documenting

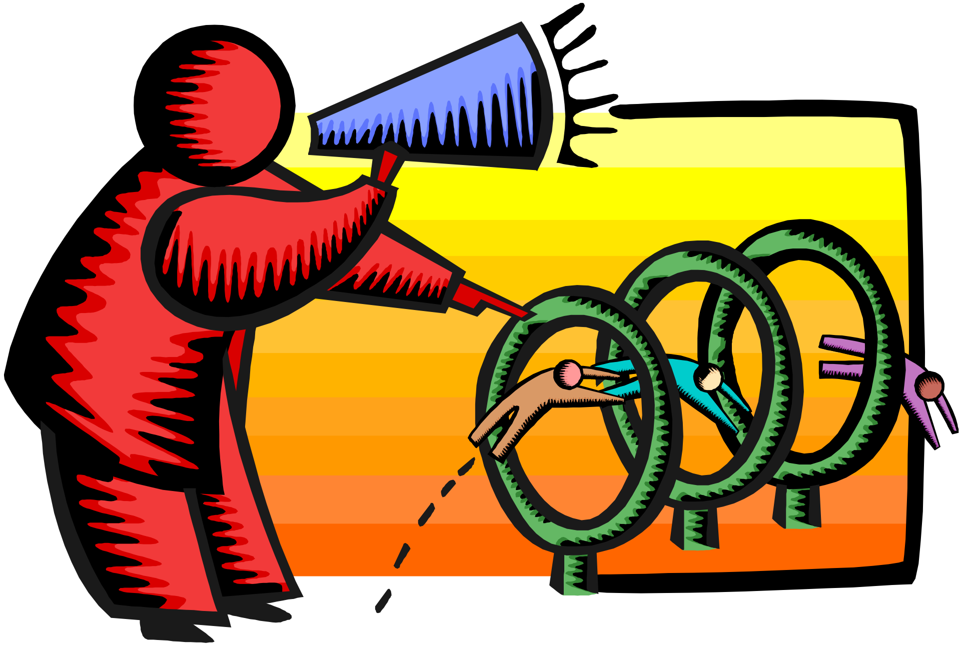
- Great Conference Planned
- MSA
  - Beginners
  - Advanced
  - 3 days of lectures
  - Stay focused/involved/ask questions
- Find The Money
- WRAMC Workshop
  - 26-28 October 2005

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

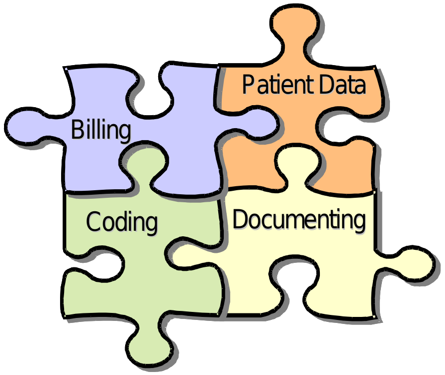
Heroes

YOU



CORE COMPETENCIES

Face of Change


Patient Data
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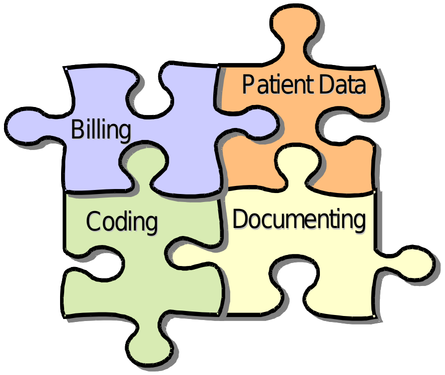
SUCCESS

CORE COMPETENCIES

Workshop Overview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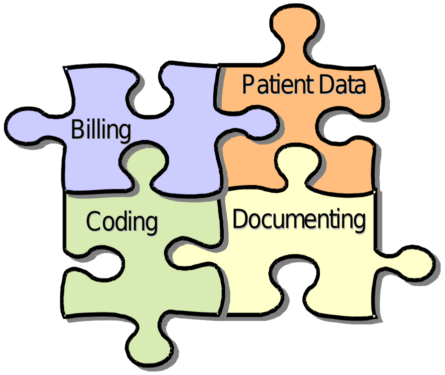

Patient Data
Billing
Coding
Documenting

MSA

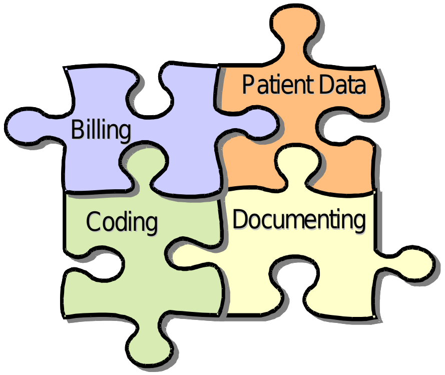
Let

US

GO TO

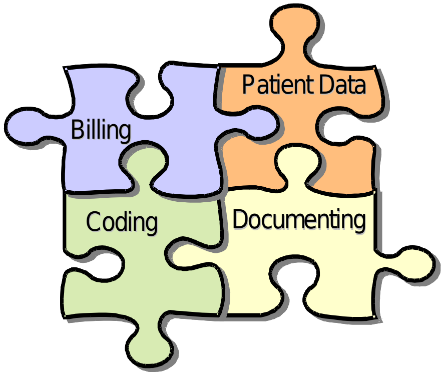
WORK

PATCAT


Patient Data
Billing
Coding
Documenting

- **PATCAT**
  - Fund ID
  - Lines of Accounting
  - Rate Table

PATCAT Table



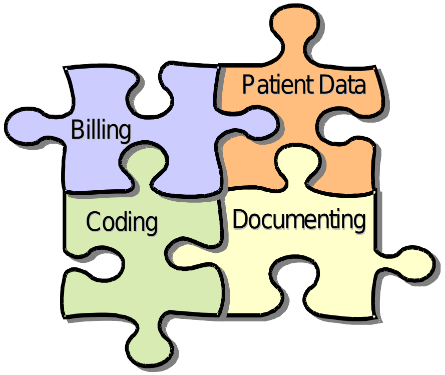
MSA->MSR->PCT/Patient Category Billing Table

SOME MTF **20 Apr 2005**

*** * * PATIENT CATEGORY BILLING TABLE * * ***

		Inpatient		Outpatient		Pay
Code	Description	Ind	Agy	Ind	Agy	Mode
A12	USA AD RES ENLISTED	SR	NC	NC	NC	ENL1080/DD139
A12	USA AD RES OFFICER	SR	NC	NC	NC	DD139
A12	USA AD RES-30 DAYS OR LE	FRR	NC	FOR	NC	
B11	NOAA ACTIVE DUTY	NC	IAR	NC	IOR	DD7/DD7A
C11	USCG ACTIVE DUTY	NC	IAR	NC	IOR	DD7/DD7A
F14	USAF ACADEMY CADET	NC	SR	NC	NC	DD7/DD7A
K92	CIVILIAN EMERGENCY CARE	FRR	NC	FOR	NC	
P11	USPHS ACTIVE DUTY	NC	IAR	NC	IOR	DD7/DD7A

PATCAT

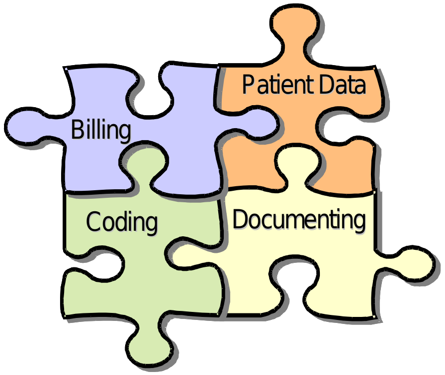

Patient Data
Billing
Coding
Documenting

- PATCAT Description Field

- The description field in this Patient Category Billing Table is limited to 24 characters/space, so in some cases the description field is cut short.
- Example is A12:

A12 USA AD RES-30 DAYS OR LE FRR NC FOR NC

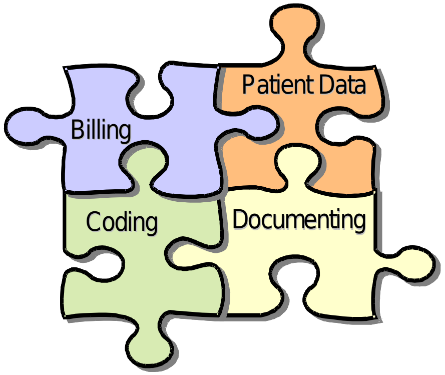
CORE COMPETENCIES



PATCAT

- To find out what the complete description field is, you can use the MSA function: FIM/Inquire to File Entries.
- If you do not have this option it is because a security key locks the function: DIOUT. Ask your site help desk or system staff if you can have this security key assigned to you.
- Menu Path: MSA->FIM->Patient Category:

PATCAT



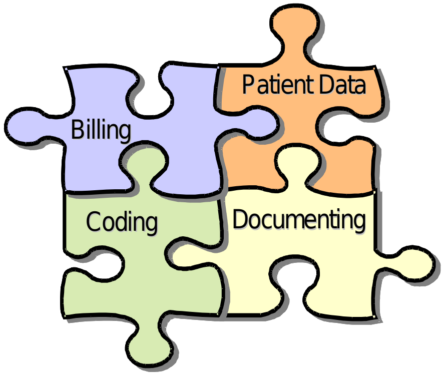
Select Core Application Drivers Menu Option: MSA

- **CFM Cashier Functions Menu**
- **OFM Office Functions Menu**
- **MSR Cashier/MSA Reports Menu**
- **C7A USCG DD7A Billing Menu**
- **D7A DD7A Billing Menu**
- **MRM Monthly Reports Menu**
- **NPM Nightly Processing Menu**
- **RSM Reprint Reports Menu**
- **FIM Inquire to File Entries**

(continued)

CORE COMPETENCIES

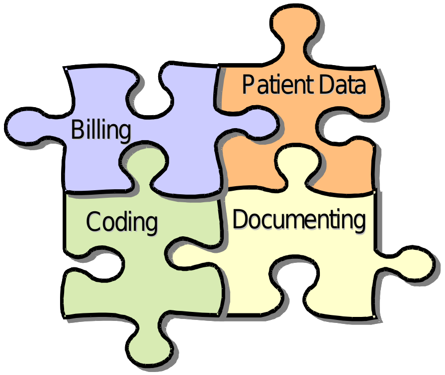
PATCAT



- Select MSA System Menu Option: FIM
- Output from what file: PATIENT CATEGORY {enter Patient Category and press the enter key}

- Select PATIENT CATEGORY NAME: A12 {enter the Code}
- 1 A12 USA AD RES ENLISTED
- 2 A12 USA AD RES OFFICER
- 3 A12 USA AD RES-30 DAYS OR LESS, NOT LOD

- Choose 1-3: 3 {choose the correct category and press the enter key, you will notice that the complete description is shown here also}

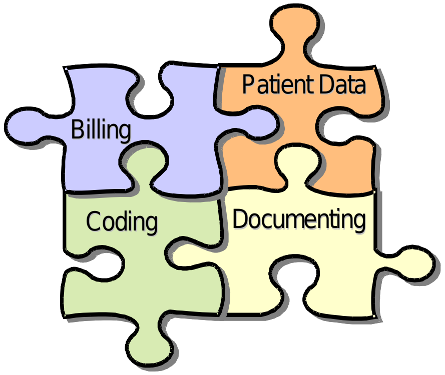

Patient Data
Billing
Coding
Documenting

PATCAT
continued

- **Another one:** **{make another Category selection, or just press the enter key}**
- **Standard CAPTIONED output?** **YES//** **{press the enter key}**

CORE COMPETENCIES

PATCAT
A12



NAME: USA AD RES-30 DAYS OR LESS, NOT LOD **CODE: A12**

A&D LIST CATEGORY: ACTIVE DUTY **SPONSOR: YES**

FAMILY MEMBER: NO

CIVILIAN EMERGENCY: NO **DECEASED SPON: NO**

PROHIBIT DEERS ELIG TRANS: NO

PAT CAT SUMMARY: ACTIVE DUTY

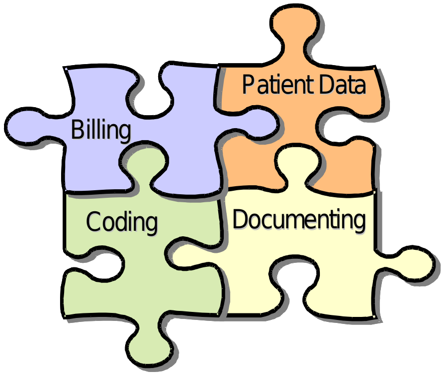
THIRD LEVEL DESCRIPTION: USA AD RES

SHORT DESCRIPTION: USA AD RES <30 DAYS

SUB CATEGORY: B

IPNT INDIVIDUAL SALES CD: FRR **IPNT AGENCY RATE: NC**

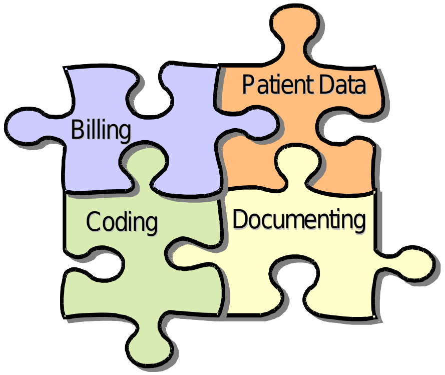
OPNT INDIVIDUAL SALES CD: FOR **OPNT AGENCY RATE: NC**


Patient Data
Billing
Coding
Documenting

Summary

- PATCAT
  - No PATCAT *then* No MSA
- Russ Coleman
  - Track 4
  - 1600 hours today

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Sales Code, Fund ID, Lines of Accounting

Donald J. Mootz
17 May 2005/1010
Track 7, MSA

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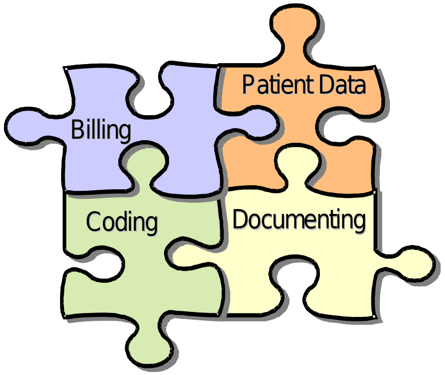
CHCS-MSA


Patient Data
Billing
Coding
Documenting

- Sales Code/Rates
  - MSA->OFM-> ERS   Rate Schedule Enter/Edit
- Fund ID
  - MSA->OFM-> FDF   Fund Description Edit
- Lines of Accounting
  - MSA->OFM-> FDF   Fund Description Edit
- Outpatient Rates

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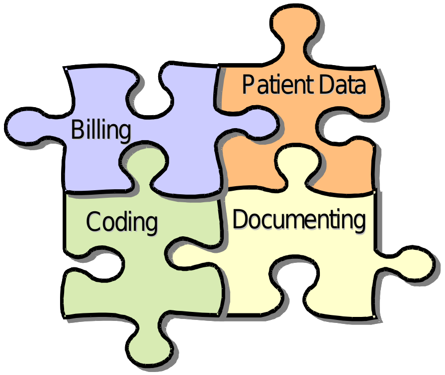
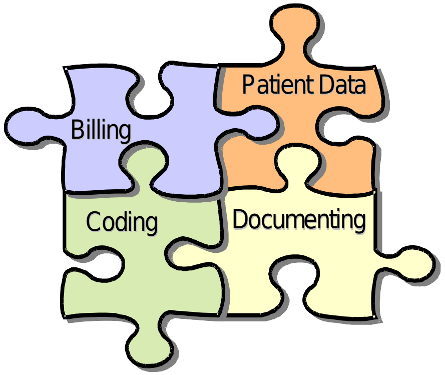
Service Specific


Patient Data
Billing
Coding
Documenting

Is There Anything Service Specific about:

- Sales Codes/Rates
- Fund ID
- Lines Of Account
- Outpatient Rates

FDF Fund Description Edit Air Force

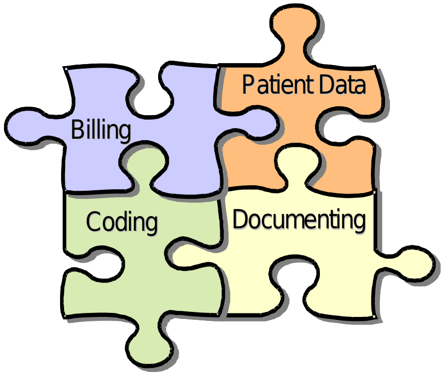

Patient Data
Billing
Coding
Documenting

Select FUND FILE FUND ID:

BAD CHK
COB
COPY CHG
MED SVC
MIL PERS
REC ACCT
SUB
SUR CHG1
SUR CHG2

CORE COMPETENCIES

FDF Fund Description Edit Army


Patient Data
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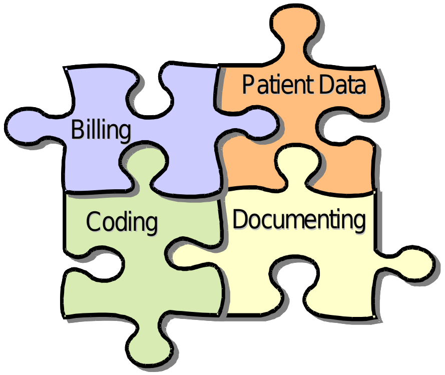
Documenting

Select FUND FILE FUND ID:

DENT PR
MISC REC
P1011
P1111
P840000
S9999
SUR CHG

FDF Fund Description Edit Navy


Patient Data
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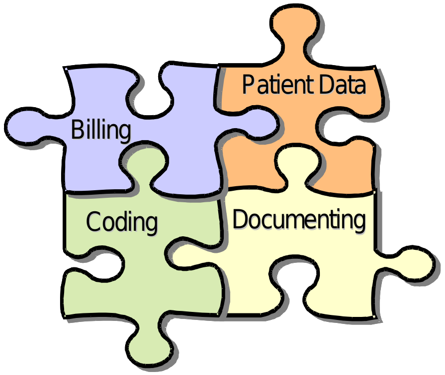
Documenting

- Select FUND FILE FUND ID:

FOIA
MISC REC
MPN
O&MN
OTA

CORE COMPETENCIES

Sales Code: FMR
[AF]


Patient Data
Billing
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Documenting

CASH COLLECTION VOUCHER

Date Description Amount

Received Accounting Classification

MED SVC

FAMILY MEMBER RATE

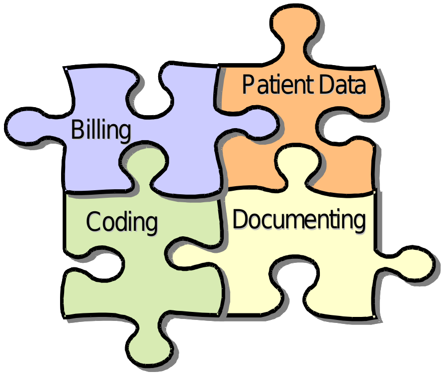
9740130.1883 2X4 65QA 355965 C93A B8 599 525700 133.50

Problem: C93A must be changed to C93

Where does this get changed?

CORE COMPETENCIES

Fund Description



```
Select Office Functions Menu Option: FDF  Fund Description Edit
Select FUND FILE FUND ID: MED SVC
FUND FILE: MED SVC                                    MSA FUNDS

   ==============================================
   ====
FUND ID: MED SVC
FUND DESCRIPTION: MEDICAL SERVICES (3400)
FUND ACCT DESC: 97y0130.1883 2Xy 65QA 355965 C*** B8  599  525700

   ==============================================
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```
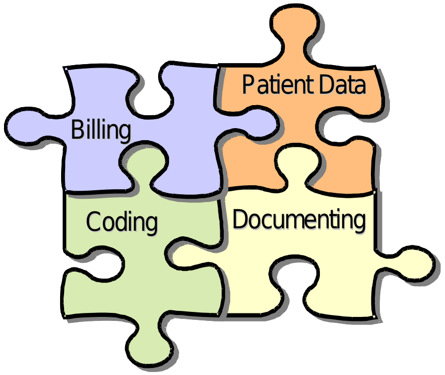

What is a lower case letter y?

What does: * mean?

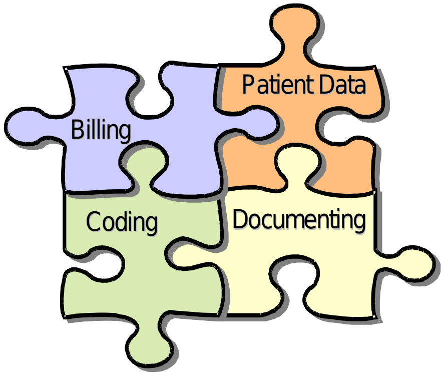
Ever see a #, and if so what does that mean?



FMR

```
Select Office Functions Menu Option: ERS  Rate Schedule Enter/Edit
Select RATE TABLE SALES CODE: FMR
RATE TABLE: FMR                                MSA RATE ENTER-EDIT
 DESCRIPTION: FAMILY MEMBER RATE
 CUSTOMER NO:
 VARIABLE RATE: NO
 OUTPATIENT RATE: NO                     ONE-TIME CHARGE: NO
 FOR OCONUS ONLY:
 INACTIVE DATE:

Select RATE EFFECTIVE DATE:
      01 Jan 2004
      05 Oct 2002
```

FMR



Select SUBS APPR DIGITS EFFECTIVE DATE:

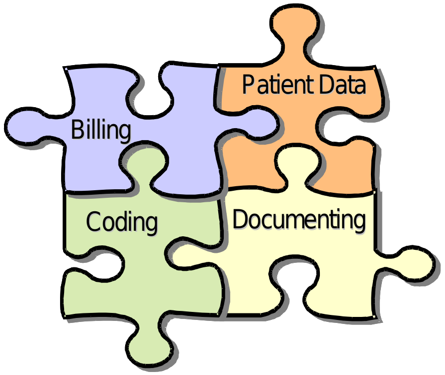
20 Oct 2001 93A (change to 93)
02 Jan 1986 93

- **Go to Subs Appr Digits->cursor will be on the bottom (blank line)->use up-arrow key and go to most current date or enter a new date to make the change.**
- **If you go to an old date: 20 Oct 2001->press Enter key twice to move the cursor to the 93A->press the delete key to remove the 93A->type in the correct entry such as 93 and press enter to file change:**

Select SUBS APPR DIGITS EFFECTIVE DATE:

20 Oct 2001 93 (change made to 93)
02 Jan 1986 93

FMR


Patient Data
Billing
Coding
Documenting

Now the CASH COLLECTION VOUCHER is correct:

NEW

MED SVC

FAMILY MEMBER RATE

9740130.1883 2X4 65QA 355965 C93 B8 599 525700 133.50

OLD

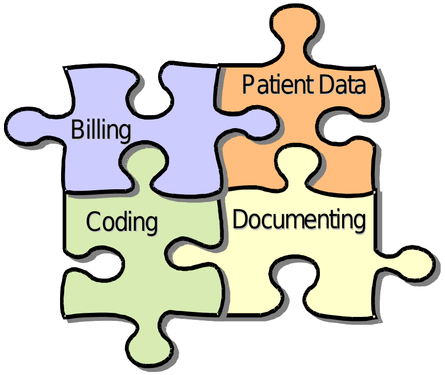
MED SVC

FAMILY MEMBER RATE

9740130.1883 2X4 65QA 355965 C93A B8 599 525700 133.50

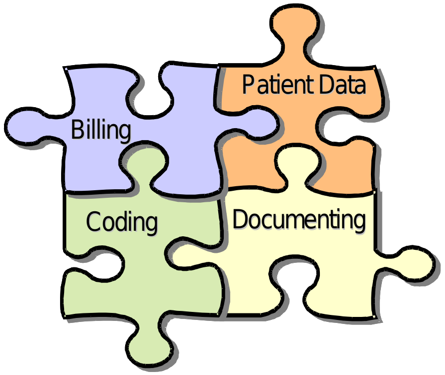
CORE COMPETENCIES

Where Are We?


Patient Data
Billing
Coding
Documenting

- Fund ID
  - Service Specific
- Sales Code and Lines of Accounting
  - FMR
  - Subs Appr Digits
  - Cash Collection Voucher
- Update Sales Code

Update Sales Code Steps



1. MSA->OFM->ERS Rate Schedule Enter/Edit:

2. Select RATE TABLE SALES CODE: FMR

>Select RATE EFFECTIVE DATE:

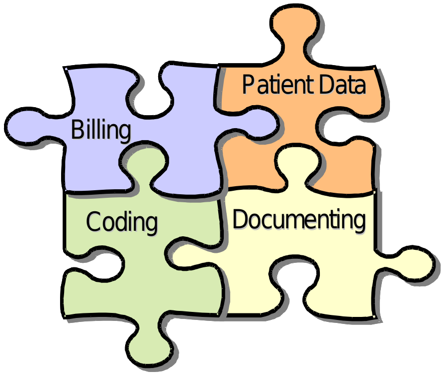
01 Jan 2004

01 Mar 2002

T+1 [Add new effective rate date (must be in the future)]

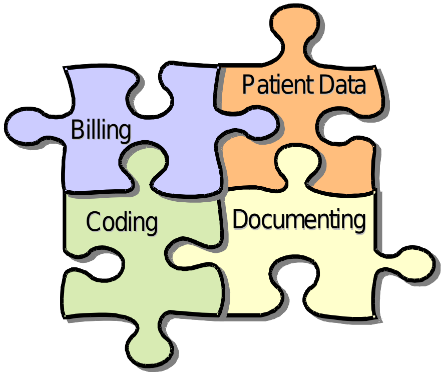
>Are you adding '18 May 2005' as a new RATE EFFECTIVE DATE (the 23rd for this RATE TABLE)? YES (enter Yes)

FMR (second screen/dollar amt.)


Patient Data
Billing
Coding
Documenting

```
RATE: FMR EFFECTIVE DATE: 18 May 2005
 FUND ID                AMOUNT
-------                    ------
MED SVC              :    13.90
SUB                   :
MIL PERS             :
REC ACCT             :
SUR CHG1             :
SUR CHG2             :
BAD CHK              :
COPY CHG             :
  TOTAL DAILY RATE :    13.90  (press enter key to file
   change)
```

FMR (verify change)
MSA->OFM->VRS View
Rate Schedule Detail



Select RATE TABLE SALES CODE: FMR

FUND ID	--------------- EFFECTIVE DATE ---------------		
	18 May 2005	01 Jan 2004	05 Oct 2002
MED SVC	13.90	13.35	0.00
SUB	0.00	0.00	12.72<<??
REC ACCT	0.00	0.00	0.00
SUR CHG1	0.00	0.00	0.00
SUR CHG2	0.00	0.00	0.00
BAD CHK	0.00	0.00	0.00
COPY CHG	0.00	0.00	0.00
COB	0.00	0.00	0.00
TOTAL:	13.90	13.35	12.72

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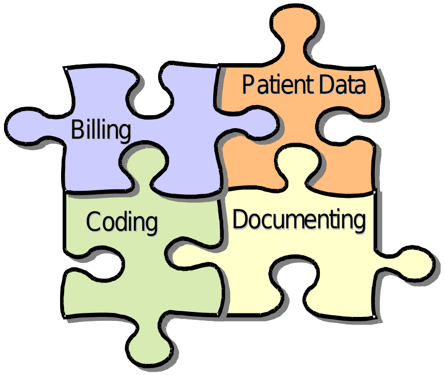
Outpatient Rate


Billing
Patient Data
Coding
Documenting

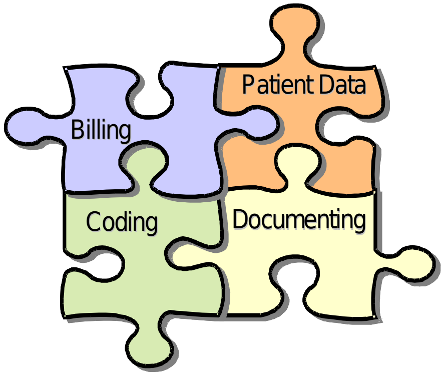
- Rates are loaded/downloaded

  MSA and TPOCS

- Rates you control:

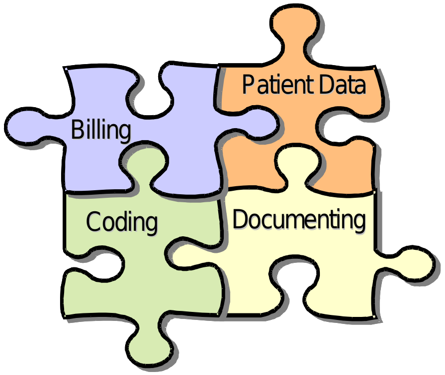
  VR VARIABLE RATE

VR
Variable Rate


Patient Data
Billing
Coding
Documenting

VRCDRM	COSMETIC DERMATOLOGY BOTOX
VRCOPT	COSMETIC OPTHALMOLOGY
VRCORL	COSMETIC ORAL SURGERY
VRCOSORAL	COSMETIC ORAL SURGERY
VRCOTO	COSMETIC OTORHINOLOARYNCOLOGY
VRCPLA	COSMETIC PLASTIC SURGERY

VRCDRM


Patient Data
Billing
Coding
Documenting

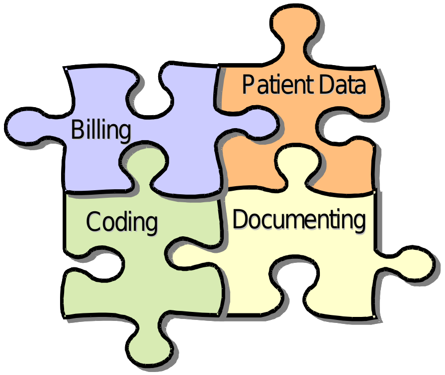
Cash Collection Voucher

Date Description
Amount
Received Accounting Classification

08 Apr 2005

P840000
COSMETIC DERMATOLOGY BOTOX
9750130 1881 74C930 P840000 S49024 11C045 APC
1RGEN9
186.33

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

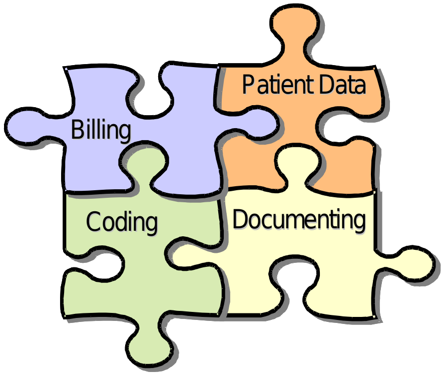
VRCDRM

MONTHLY MEDICAL SERVICES ACTIVITY REPORT

9750130 1881 74C930 P840000 S49024 11C045 APC 1RGEN9

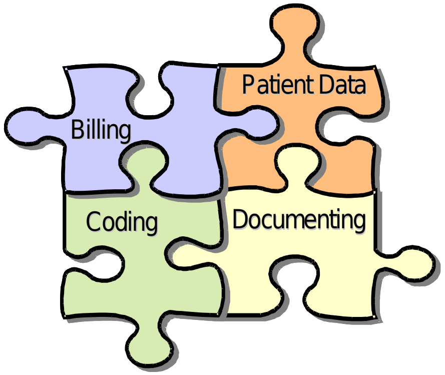
VRCDRM-COSMETIC DERMATOLOGY BOT 0.00 186.33 0.00 186.33 0.00 0.00

Summary


Patient Data
Billing
Coding
Documenting

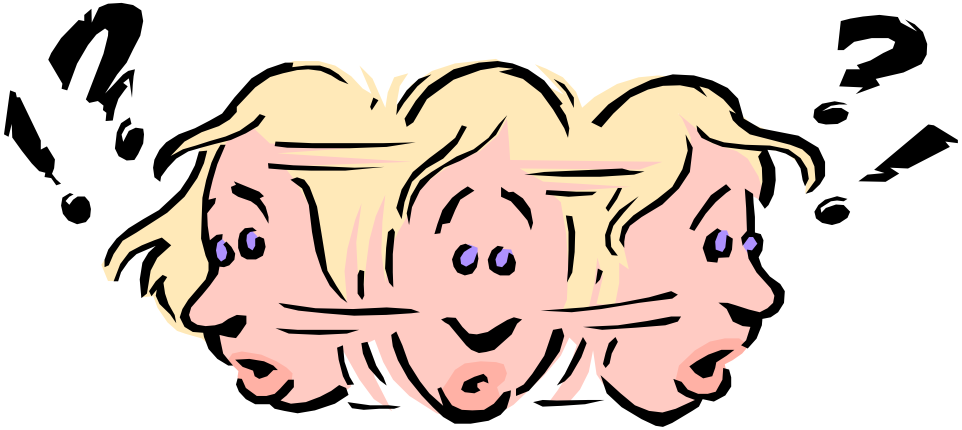
- Sales Code/Rates
  - MSA->OFM-> ERS Rate Schedule Enter/Edit
- Fund ID
  - MSA->OFM-> FDF Fund Description Edit
- Lines of Accounting
  - MSA->OFM-> FDF Fund Description Edit
- Outpatient Rates: VR

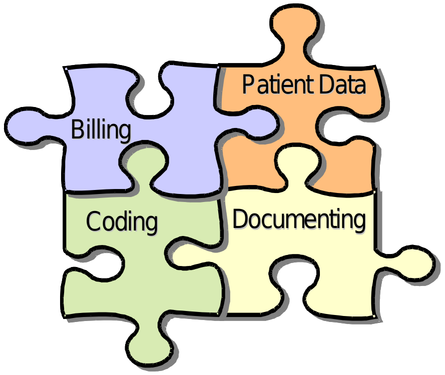
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Sales Code, Fund ID, Lines of Accounting

?Questions?



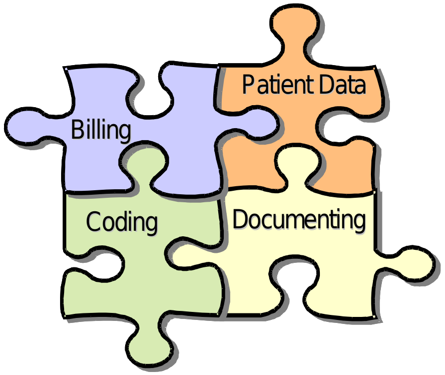

Patient Data
Billing
Coding
Documenting

HIPAA and the UBO

Tom Sadauskas
UBO Deputy Program Manager
Tuesday, 1110-1205, 17 May 2005
Track 4 – Advanced UBO

CORE COMPETENCIES

Presentation Overview


Patient Data
Billing
Coding
Documenting

- Brief Review of the History of HIPAA
- Learn What’s Really Required by HIPAA & What’s Not
- Learn About the New HIPAA Requirements on the Horizon and their impact on the MHS
- Take Advantage of HIPAA Resources on the Internet
- Questions

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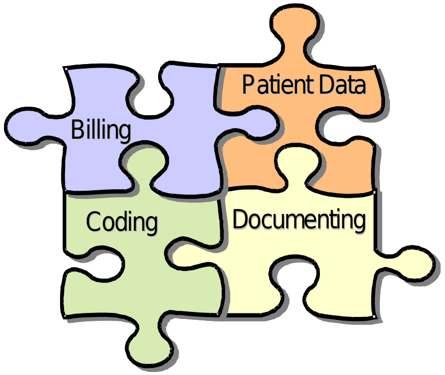
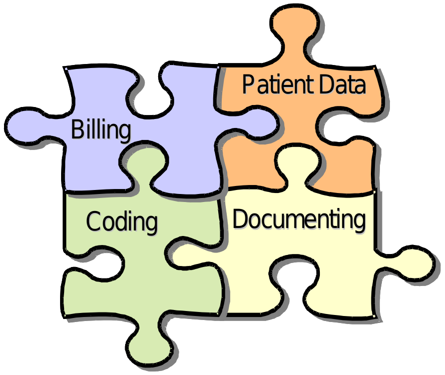
How Did We Get Here?



- Move towards Standard Electronic Data Interchange (EDI) Transactions and away from paper-based processes
- Healthcare Industry pushing this effort in early 1990s
- Workgroup for EDI (WEDI) was taking the lead
  - Estimated $42 billion in net savings (1995-2000) - 1993 WEDI Report
- Recognize the Need to Protect Electronic Health Data
- Role of "Those Privacy Zealots"

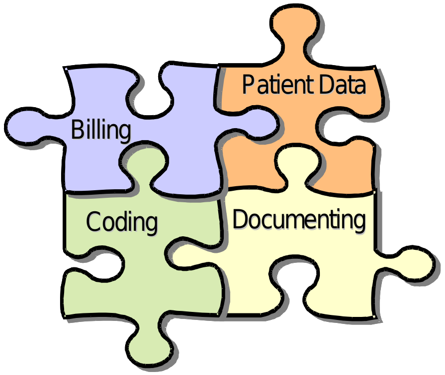
History of HIPAA



- Health Insurance Portability and Accountability Act (HIPAA) - P.L. 104-191
- Also known as Kennedy-Kassebaum Bill (K2) or Kassebaum-Kennedy depending upon your party affiliation
  - House of Representatives passed it 421-2
  - Senate passed it Unanimously
- Signed into law on August 21, 1996, by President Clinton

CORE COMPETENCIES

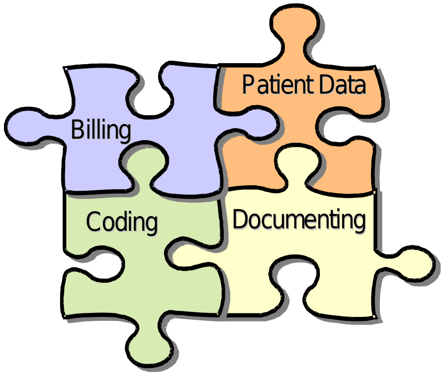
HIPAA Components


Billing
Patient Data
Coding
Documenting

- Insurance Portability
- Accountability (Fraud & Abuse)
- Administrative Simplification

CORE COMPETENCIES

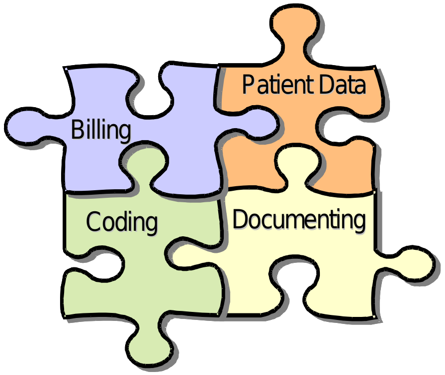
Key Intents of HIPAA Administrative Simplification


Patient Data
Billing
Coding
Documenting

- Reduce Paperwork
- Improve Efficiency of Health Systems
- Protect Security and Confidentiality of Electronic Health Information

CORE COMPETENCIES

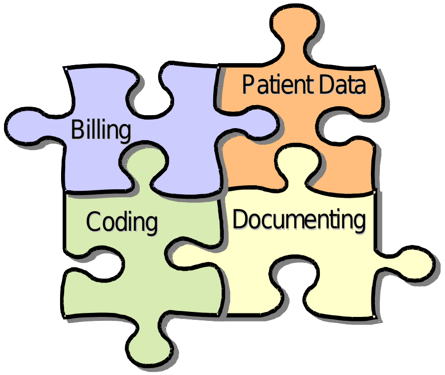
HIPAA Rule Making Process



- Department of Health & Human Services (DHHS) publishes Notice of Proposed Rule Making (NPRM)
- 60 Day Comment Period
  - Receive Written Public Input
- Comments reviewed resulting in modifications to the Final Rule version
- Final Rule published in Federal Register
- Congress has 60 Days to Make Changes
- Two years before Final Rule becomes effective
  - Normally

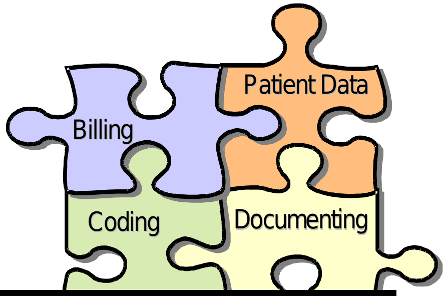
CORE COMPETENCIES

HIPAA's Original Timeline



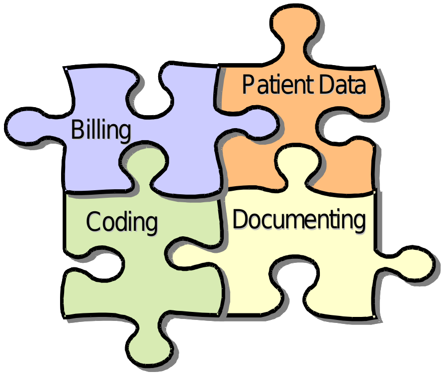
- HIPAA signed into law on August 21, 1996
- All Final Rules to be issued by February 21, 1998
  - Eighteen months after signing into law
- Full compliance to be achieved by April 22, 2000
  - We've been under HIPAA for more than 4 years!!!
- What Happened?
  - DHHS had Three (3) Number One Priorities
    - Y2K
    - Balanced Budget Act (BBA) of 1997
    - HIPAA

Timetable for Adoption of Standards



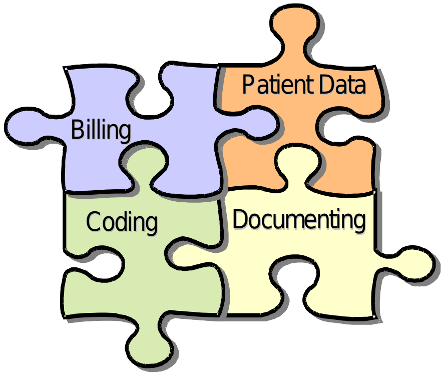
Standard	Notice of Proposed Rule Making (NPRM)	Final Rule Publication	Compliance Required
Transactions & Codes Sets	05/07/1998	08/17/2000	10/16/2003 - with extension
National Provider Identifier	05/07/1998	01/23/2004	05/23/2007 (2008<$5M)
National Employer Identifier	06/16/1998	05/31/2002	07/30/2004 (2005<$5M)
Security	08/12/1998	02/20/2003	04/20/2005 (2006<$5M)
Privacy	11/03/1999	12/28/2000	04/14/2003 (2004<$5M)

Who Must Use the Standards?



- Covered Entities (CEs) Include:
  - Health Plan
  - Health Care Clearinghouse
  - Health Care Provider (who transmits any health information in electronic form in connection with any covered transaction)
    - MHS Direct Care System is considered to be a Health Care Provider
- Congress directed DHHS to utilize existing standards wherever possible rather than developing new ones

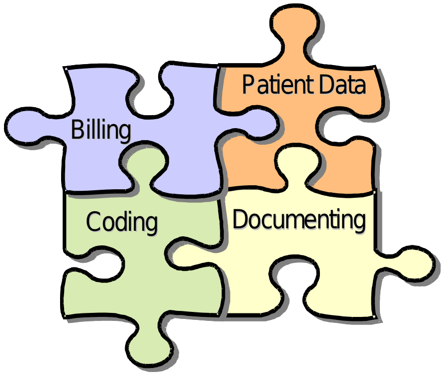
Civil & Criminal Penalties



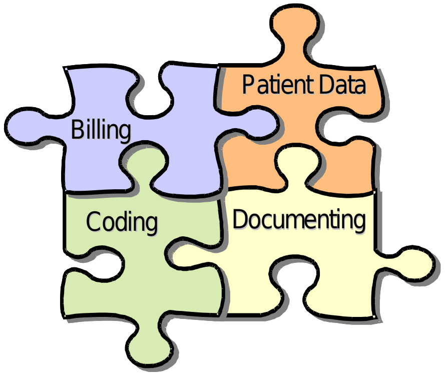
- Civil penalty of $100 per violation, up to $25,000 maximum per year per HIPAA standard
- Wrongful Disclosure of Individually Identifiable Health Information (IIHI)
  - Fined not more than $50,000, imprisoned not more than 1 year, or both
- If offense committed under false pretenses
  - Fined not more than $100,000, imprisoned not more than 5 years, or both
- If offense committed with intent to sell, transfer, or use information for commercial advantage, personal gain, or malicious harm
  - Fined not more than $250,000, imprisoned not more than 10 years, or both

CORE COMPETENCIES

ANSI ASC X12N &IGs



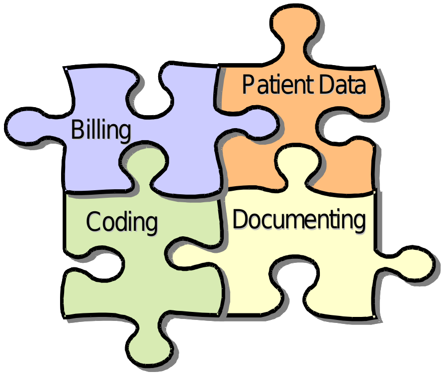
- ANSI – American National Standards Institute
- ASC X12 – Accredited Standards Committee chartered by ANSI to develop standards for inter-industry electronic business transactions (EDI)
- X12N – is the Subcommittee for Insurance who developed the HIPAA EDI standards
- IGs – Implementation Guides that provide detailed formats for implementing the HIPAA EDI standards
- Version 4010A of the HIPAA IGs is the standard
- National Council for Prescription Drug Programs (NCPDP) developed standards for retail pharmacy drug claims



Covered Transactions

- 837 - Health Care Claim (3 types)
  - Institutional
  - Professional
  - Dental
- Retail Pharmacy Drug Claim
  - National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide, Version 5.1, September 1999
  - NCPDP Batch Standard Batch Implementation Guide, Version 1.1, January 2000

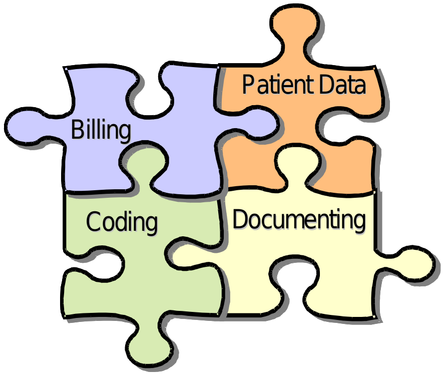
Covered Transactions (con't)



- 270/271 - Health Care Eligibility Benefit Inquiry and Response
- 276/277 - Health Care Claim Status Request and Response
- 278 - Health Care Services Review
- 820 - Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 - Benefit Enrollment and Maintenance
- 835 - Health Care Claim Payment/Advice
- 837 - Coordination of Benefits

CORE COMPETENCIES

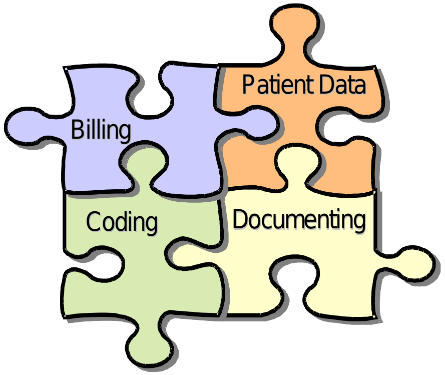
Mandated Code Sets



- ICD-9-CM – International Classification of Diseases – Clinical Modification for Diagnoses, 9th Edition (Volumes 1 and 2)
- ICD-9-CM - International Classification of Diseases – Clinical Modification for Inpatient Procedures, 9th Edition (Volume 3)
- CPT-4 – Current Procedural Terminology, 4th Edition
- CDT-3 – Code on Dental Procedures and Nomenclature, 3rd Edition
- HCPCS – Healthcare Common Procedure Coding System
- NDC – National Drug Codes – were to replace HCPCS J-codes
  - NPRM/Final Rule issued to modify this requirement for non-retail pharmacies & hospitals

CORE COMPETENCIES

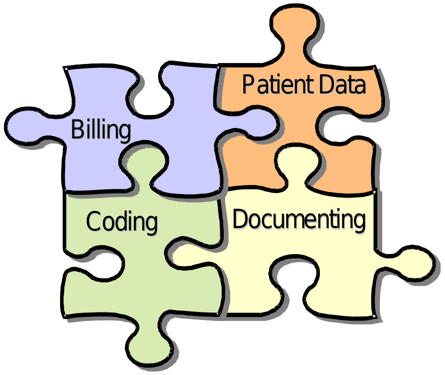
Impact of HIPAA EDI



- Electronic claims just means faster rejections if data is incomplete or incorrect
- Increasing emphasis on the need for quality data “the first time”
- Personnel savings may need to be redeployed to other areas in order to improve data capture and quality
- 837 is NOT an electronic UB-92 or CMS-1500
- HIPAA transactions often require more data that is currently captured or stored
- State Prompt Payment laws will still be needed
- Electronic claims attachments (275) will be a big aid once they are available

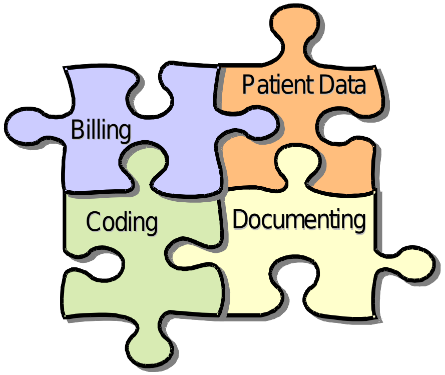
CORE COMPETENCIES

Benefits of a HIPAA EDI Case Study



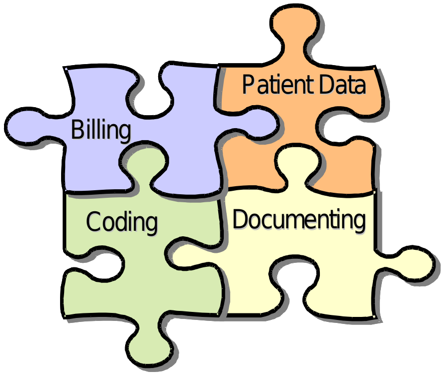
- Allina Health System Projected Net Savings
  - $45 million over 5 years
    - Reduced A/R Days
    - Reduced FTE staffing doing Billing & Follow-up
- Calculate your Return on Investment (ROI) from moving to EDI
  - Exploit opportunities for re-engineering
  - Gain a competitive advantage
  - Help pay for Privacy & Security

Privacy vs. Security



- Privacy - What Needs to Be Protected
  - Protected Health Information (PHI)
- Security - Methods by Which We Will Protect It
- Need to determine the desired balance among:
  - **C**onfidentiality of the Data
  - **I**ntegrity of the Data
  - **A**vailability of the Data
- Final Rules for Privacy issued December 2000 and August 2002
- Security Final Rule issued February 2003

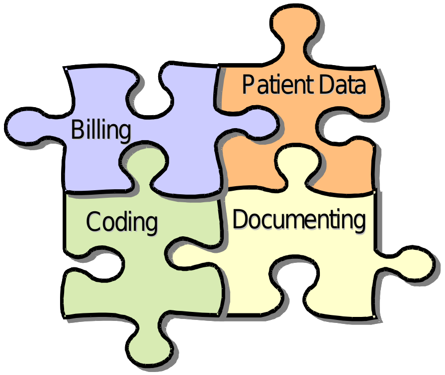
Privacy Rule



- December 2000 Privacy Rule required patients to give consent before their protected health information (PHI) could be used for treatment, payment, or health care operations (TPO)
- August 2002 Privacy Rule dropped the consent requirement
  - Direct health care provider now just has to make a *good faith effort* to obtain an individual's written acknowledgement of receipt of the provider's Notice of Privacy Practices (NPP)
  - Copy of MHS NPP on TMA HIPAA Web Site

CORE COMPETENCIES

Privacy Rule (con’t)



- Authorization by the individual is still required before a Covered Entity can release PHI for non-TPO purposes
  - Life insurance company seeking medical information regarding a policy applicant
- Access without written authorization allowed for national and public health needs

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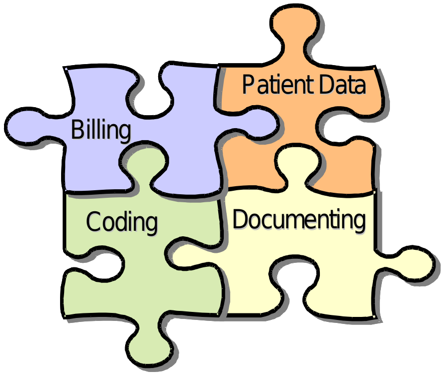
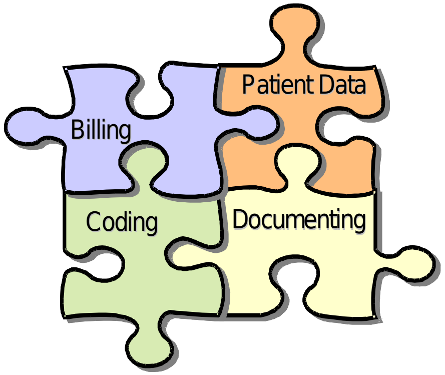
Privacy Rule (con't)



- Individual's right of access
  - Patient can see their medical record
  - Can request copies
  - Can request amendments to medical record
    - Provider does not have to make the amendment
- Preemption - Final Rule can not supercede more stringent State privacy laws
  - Establishes the Federal floor of safeguards
  - You need to know which State privacy laws still apply (i.e., those that are more stringent)

CORE COMPETENCIES

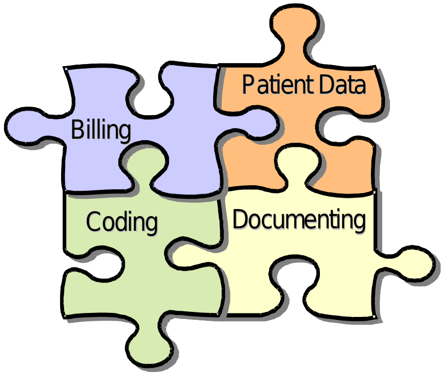
What Is IIHI?



- Individually identifiable health information (IIHI) is information that is a subset of health information, including demographic information collected from an individual, and:
  - Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
  - Relates to:
    - the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for health care received by an individual; and that
  - Either identifies the individual or provides a "reasonable basis" to believe the information can identify the individual

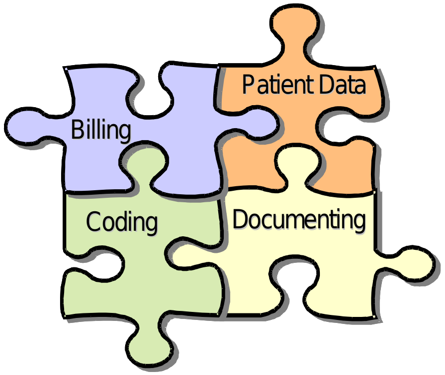
CORE COMPETENCIES

What is PHI?



- Protected Health Information (PHI) is IIHI that is:
  - Transmitted by electronic media; or
  - Maintained by electronic media; or
  - Transmitted or maintained in any other form or medium (includes written or oral communications)
- PHI excludes IIHI in:
  - Education records covered by the Family Educational Rights and Privacy Act (FERPA)
  - Employment records held by a CE in its role as an employer

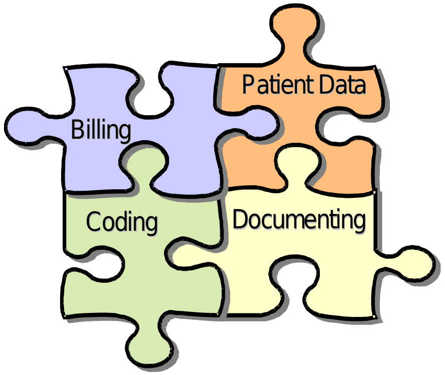
Common HIPAA Privacy Myths



- Complex Privacy Rule is 1500 pages long
- New sound-proof walls and offices will have to be built. No more semi-private rooms allowed.
- You won’t be able to pick up your spouse’s prescription from the pharmacy
- Medical students won’t be allowed to see a patient’s entire medical record.
- Patients will be able to demand that physicians change their medical records

CORE COMPETENCIES

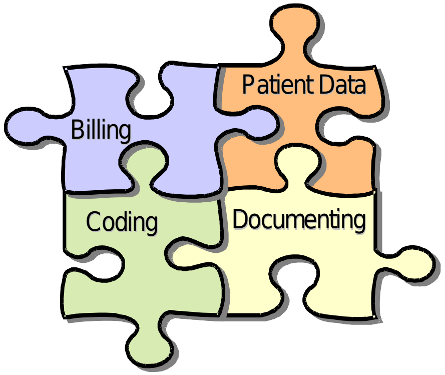
Real World Privacy Issues



- “Anonymous” medical records identified in Massachusetts
  - Governor’s record included
- Survey finds one out of six patients engage in “privacy protected behaviors”
- Foreign transcriber threatens California medical center to release medical records on the Internet
  - Disagreement over back pay

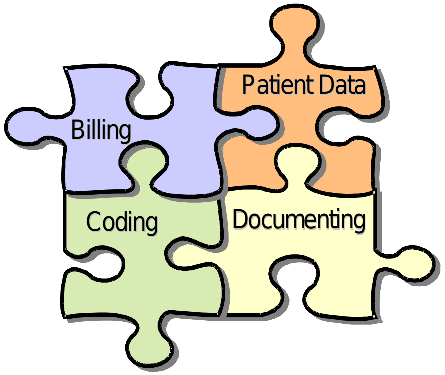
C O R E   C O M P E T E N C I E S

HIPAA Security Rule Background



- Proposed Rule was issued August 12, 1998 covering Security and Electronic Signature Standards (39 pages)
- Many Security and Privacy Recommendations Based on the National Research Council’s 1997 report entitled *For The Record: Protecting Electronic Health Information*
- More than 2,300 comments submitted by individuals and organizations

Background (con’t)



- Security Final Rule issued February 20, 2003 (48 pages)
  - Provisions apply **ONLY to electronic** Protected Health Information (PHI)
  - Does not cover electronic signatures
    - DHHS will issue separate NPRM/awaiting recommendation from NCVHS/date unknown
- Security Final Rule does not reference or advocate specific technology

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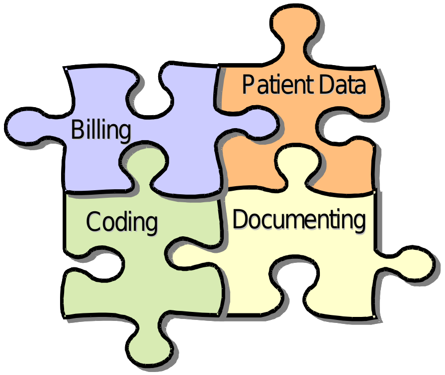
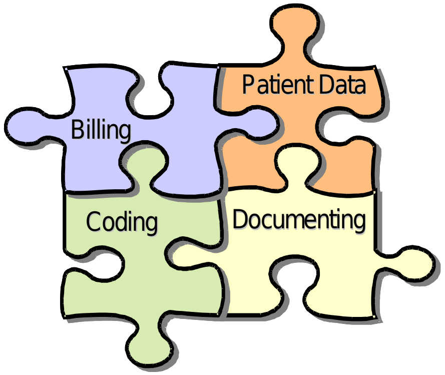
Background (con’t)



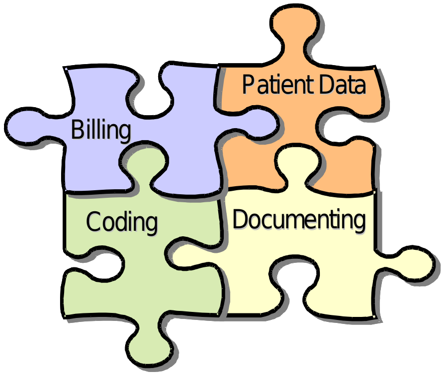
- Intentionally generic, scalable for both
  small and large organizations,
  technology neutral
- Each affected entity must assess its own security needs and risks and devise, implement, and maintain appropriate security measures to address its business requirements
- Measures must be **documented** and **kept current**
- Challenge for the organization to assess their own security risks, weigh them, implement appropriate solutions

Security Standards – General Rules



- General Requirements – Covered Entities (CEs) must do the following:
  - Ensure the confidentiality, integrity, and availability of all electronic PHI the CE creates, receives, maintains, or transmits
  - Protect against any **reasonably anticipated** threats or hazards to the security or integrity of such information
  - Protect against any **reasonably anticipated** uses or disclosures of such information
  - Ensure compliance by its workforce

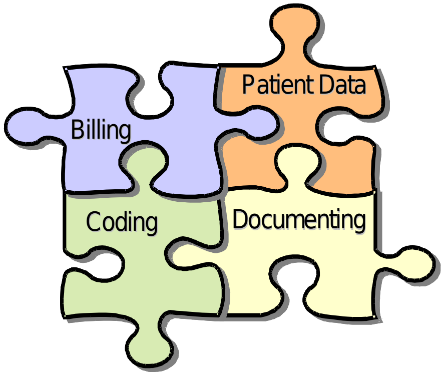
Some Operational Challenges



- Healthcare staff want to help others
  - We’re too trusting
- Security system is only as good as its weakest link
  - 999 secure passwords out of 1000 users is NOT “good enough”
- Hackers & Social Engineering
  - Attempt to exploit our desire to be helpful
  - Not enough to thwart them - need to report it to the right person so appropriate actions can be taken

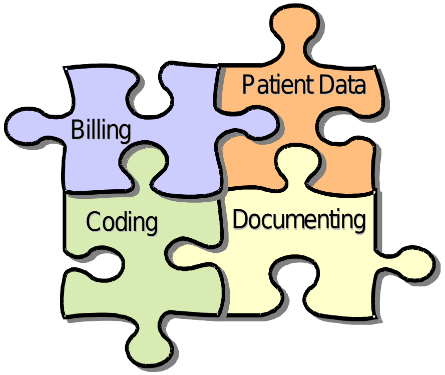
CORE COMPETENCIES

Some Operational Challenges (con’t)


Patient Data
Billing
Coding
Documenting

- Don’t be a Soft Target
  - Hackers are lazy
- Viruses and Worms
  - Need to be alert/wary
- Capability to track access to Protected Health Information (PHI)
  - Insurance Company example
  - Harvard Community Health Plan
    - Patients can review who accessed their PHI

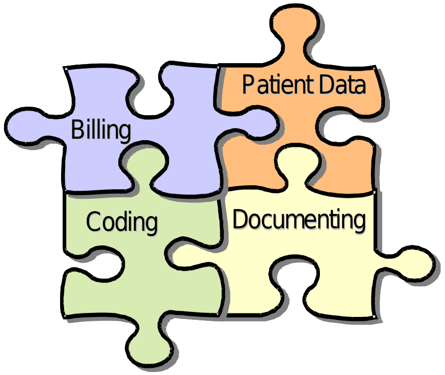
HIPAA Security Considerations


Patient Data
Billing
Coding
Documenting

- How do you dispose of your obsolete PCs?
  - Savannah River DOE example
  - Indianapolis hospital example
- Do you allow providers to access your network from their home PCs?
  - Any penalties for violations?
  - Are they ever enforced?

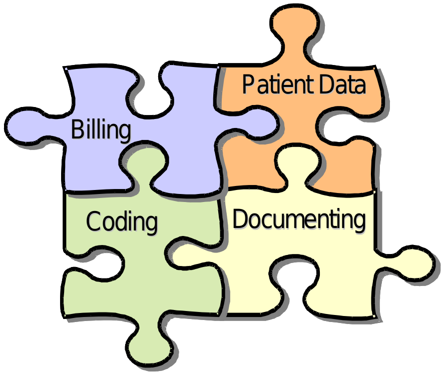
CORE COMPETENCIES

HIPAA Security Considerations (con’t)



- Have you outsourced medical transcription? If so, how is PHI transmitted/stored & protected when off-site?
- Do your passwords contain both alpha and numeric characters as well as special characters/minimum length of at least 8 characters
  - How often are they updated?
  - No Yellow Post-Its on the PC Monitor or under the keyboard

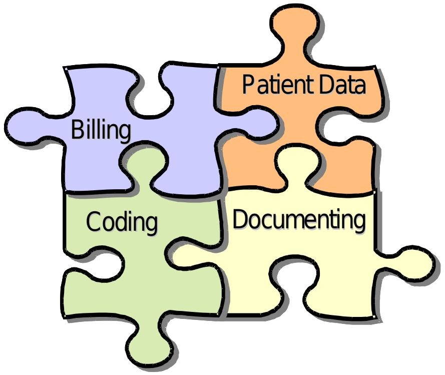
New Requirements on the Horizon



- National Provider Identifier (NPI)
  - Health care providers may begin applying for an NPI beginning May 23, 2005
  - Health care providers, health plans, and health care clearinghouses must begin using the NPI in standard transactions NLT May 23, 2007
    - Small health plans have until NLT May 23, 2008
  - 10-position numeric identifier (last digit is a check figure)
  - Intelligence-free number
  - NPI Entity Type Code 1 – for health care providers who are individual human beings
  - NPI Entity Type Code 2 – for health care organizations

CORE COMPETENCIES

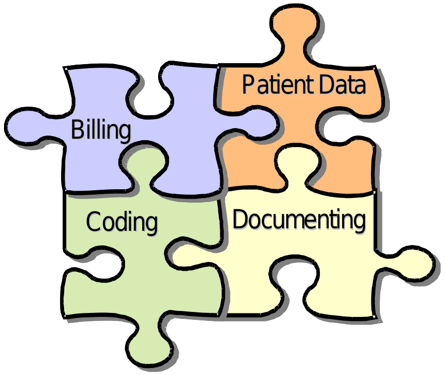
Use of the NPI in the MHS



- HA Policy 05-002 issued 26 January 2005 regarding NPI Entity – Type 1
  - Requires “all Health Care Providers who furnish billable health care services or who may initiate and/or receive referrals must obtain an NPI-Type 1.”
  - Services are responsible for ensuring all privileged/credentialed providers (including reservists) obtain and submit their NPI to the TMA designated data base/repository prior to 23 May 2007
  - Services SGs will issue Memoranda of Instruction detailing Service-specific instructions
- Policy letter for Type 2 under development

CORE COMPETENCIES

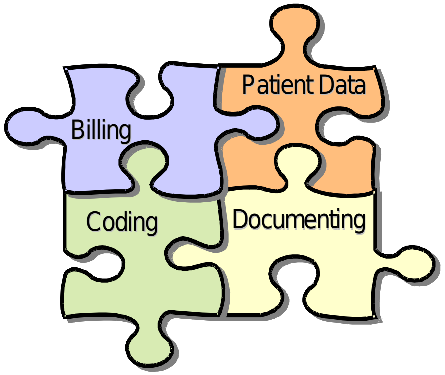
New Requirements on the Horizon (con’t)



- New UB-04 Form replacing UB-92 in 2007
- New revised CMS-1500 Form coming in 2007
  - Both New forms will require use of NPIs
- MHS System Change Requests (SCRs) being developed for implementation to support new paper claim formats
- ICD-10s likely coming in 2007-2008 timeframe(?)
- TMA monitoring status of ICD-10 implementation in U.S.
  - Changes will be made in MHS automatedinformaton systems to support the new code set once it is mandated

CORE COMPETENCIES

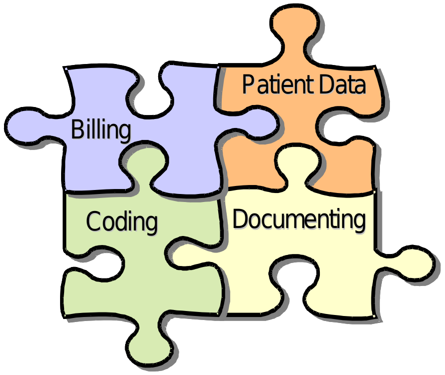
Truisms Regarding HIPAA Compliance



- Changing the Organizational Privacy & Security Culture will be the BIGGEST Challenge
- HIPAA Compliance has No Finish Line
  - NCVHS recommended in February 2002 more clinical messaging formats as potential HIPAA standards for an electronic medial record (EMR)
  - New Transaction Sets will be added (e.g., 275)
  - ICD-10s likely coming in 2007-2008 timeframe(?)
  - New UB-04 Form replacing UB-92 in 2007
  - New CMS-1500 Form using NPI coming in 2007

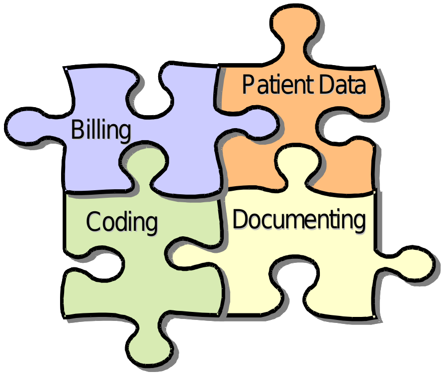
CORE COMPETENCIES

HIPAA Resources on the Internet



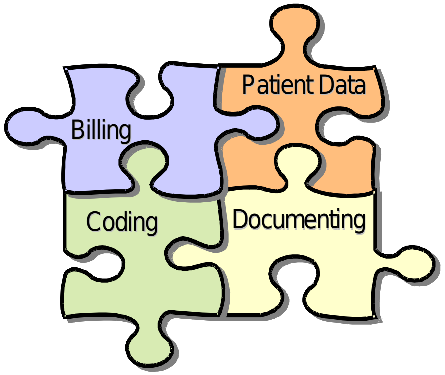
- TMA HIPAA Web site
  - http://www.tricare.osd.mil/hipaa/
- TMA UBO HIPAA Web site
  - http://tricare.osd.mil/rm/ubo_hipaa.cfm
- HA Policy 05-002 - NPI Entity – Type 1
  - http://www.ha.osd.mil/policies/
- UB-04 Draft Claim Form
  - http://www.nubc.org/new.html
- CMS-1500 Draft Claim Form with NPI
  - http://www.nucc.org/Draft1500
- CMS HIPAA Web site
  - http://cms.hhs.gov/hipaa/hipaa2

HIPAA Resources on the Internet (con’t)



- DHHS Office of Civil Rights (OCR)
  - http://www.hhs.gov/ocr/hipaa
- For the Record: Protecting Electronic Health Information The National Academies Press, 1997 -
  - http://www.nap.edu or 1-800-624-6242
- View Free On-line Version of For the Record
  - http://books.nap.edu/books/0309056977/html/index.html
- Washington Publishing Company - HIPAA EDI Implementation Guides
  - http://www.wpc-edi.com/hipaa/HIPAA_40.asp
- Workgroup for Electronic Data Interchange (WEDI)
  - http://www.wedi.org

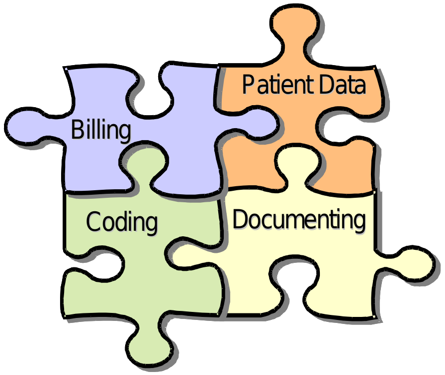
HIPAA Resources on the Internet (con't)



- Strategic National Implementation Process (SNIP)
  - http://snip.wedi.org
- National Council for Prescription Drug Programs (NCPDP)
  - http://www.ncpdp.org
- National Institutes of Health (NIH)
  - http://privacyruleandresearch.nih.gov/
- Health Privacy Project
  - http://www.healthprivacy.org
- Writing HIPAA NPPs in Plain English
  - http://www.hrsa.gov/language.htm#appendix_D

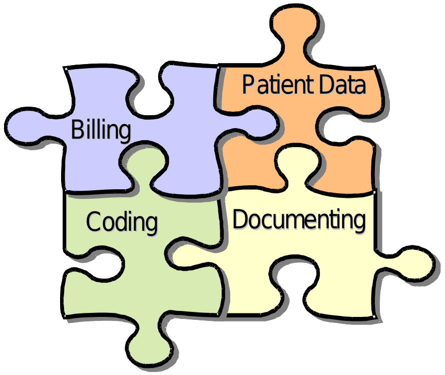
C O R E C O M P E T E N C I E S

HIPAA Resources on the Internet (con't)



- Guidelines for Academic Medical Centers on Security and Privacy
  - http://www.aamc.org/members/gir/gasp
- Centers for Medicare & Medicaid Services (CMS) Information Security
  - http://cms.hhs.gov/it/security/default.asp
- National Institute of Standards & Technology (NIST) Computer Security Resource Center (CSRC)
  - http://csrc.nist.gov

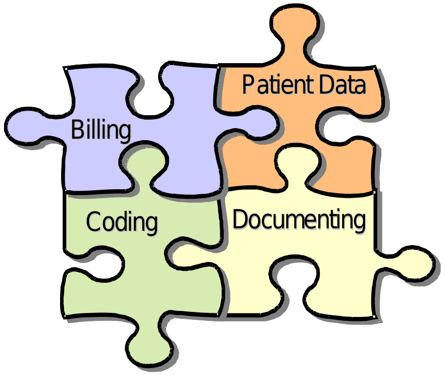
HIPAA Resources on the Internet (con't)



- CPRI Toolkit for Health Care Security Management, Version 4
  - http://www.himss.org/ASP/topics_cpriToolkit.asp?faid=74&tid=5
- California HealthCare Foundation
  - http://www.chcf.org/
- Massachusetts Health Data Consortium
  - http://www.mahealthdata.org
- North Carolina Healthcare Information & Communications Alliance (NCHICA)
  - http://www.nchica.org/

CORE COMPETENCIES

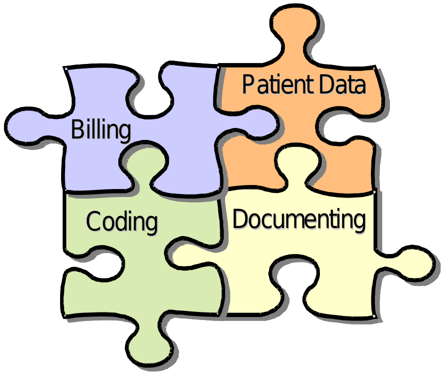
Summary



- History of HIPAA
  - It’s Been a Law since 1996!
- What’s Really Required by HIPAA & What’s Not
  - Need to separate Truth from Fiction
- New HIPAA Requirements on the Horizon
  - NPIs, new forms (UB-04, CMS-1500). ICD-10, New Transactions (275)
- Take Advantage of HIPAA Resources on the Internet
  - No Need to “Reinvent the Wheel!”

CORE COMPETENCIES

Speaker Contact Information


Patient Data
Billing
Coding
Documenting

Tom Sadauskas, FHFMA, CHE, CPA
Deputy Program Manager
Uniform Business Office
TRICARE Management Activity

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thomas.sadauskas@tma.osd.mil

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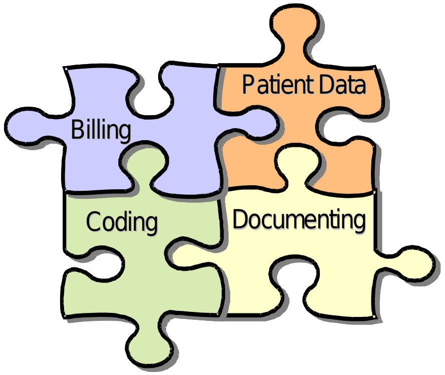
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Documenting

HQ USA Medical Command Debt Management

2005 UBU/UBO Conference

May 16-20, 2005

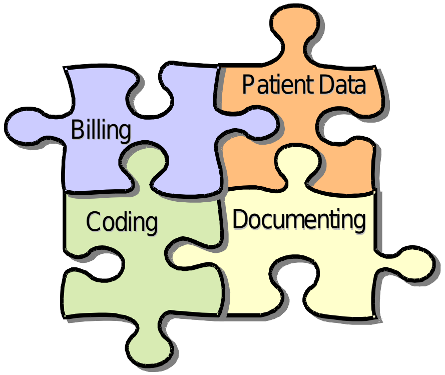
Charlene Busanet

Charlene.Busanet@amedd.army.mil

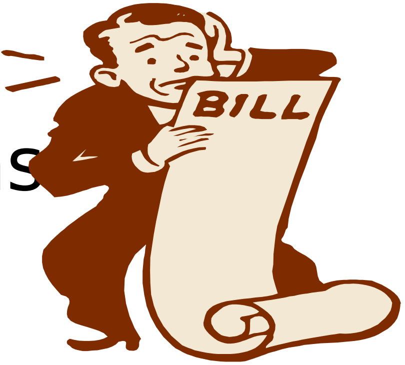
(210) 221-6812 / dsn:471-6812

CORE COMPETENCIES

Army Debt Management

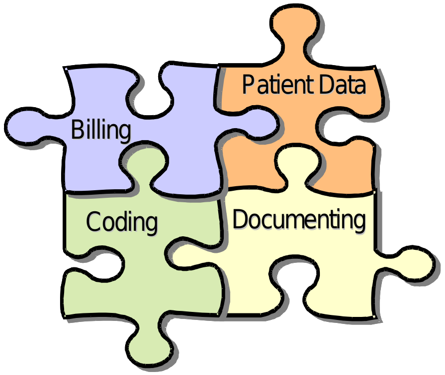

Patient Data
Billing
Coding
Documenting

- Overview
  - History
  - Purpose
- Debt Mgt Processes
  - Where to begin
  - Sort transfers
  - Collections for transferred accounts
  - Yr-end process
  - Example Forms and Regulations
- Questions

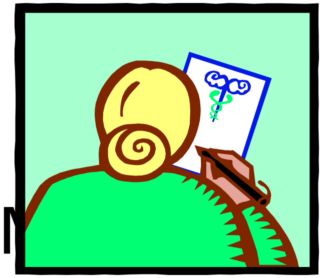


CORE COMPETENCIES

What is “Debt Management” for HQ USA MEDCOM?

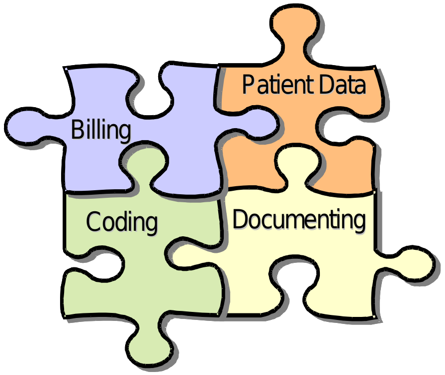


DM is a program designed to reimburse MTF’s for uncollectable medical debts owed by individuals (unauthorized beneficiaries) to the U.S. Government.



- Centralized in DFAS-DE
- Subsidiary Ledger-Managed HQ MEDCOM
- Debt Collection Act 1982
- ***Does NOT eliminate the MSAO’s requirement to pursue collection recovery***

History of Army Debt Management

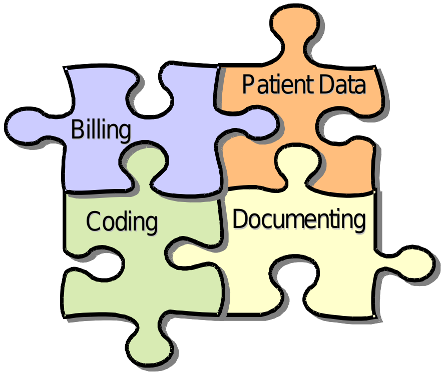


- FY 02-Prior year – HQ MEDCOM managed the allowance for uncollectable account.
- FY 03-Fwd years – HQ MEDCOM funded each MTF for their bad debt allowance based on historic data.
  - The change in procedures allowed the visibility of medical debt in the official accounting records

NOTE: DoD FMR, Volume 4, Chapter 3, para 030804, (Establishment of Doubtful Accounts)

CORE COMPETENCIES

The Purpose of Debt Management



1. To quantify Army medical uncollectable debts by each MTF for individual debtors and State Medical programs.

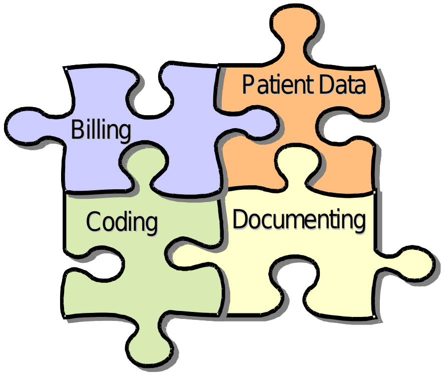
   (Can not balance bill a debtor for medical debts not paid by the State medical programs.)

2. Quantify each MTF funding requirements for their uncollectable medical debts.

   (Provided to each MTF on annual Funding Authorization Document.)

CORE COMPETENCIES

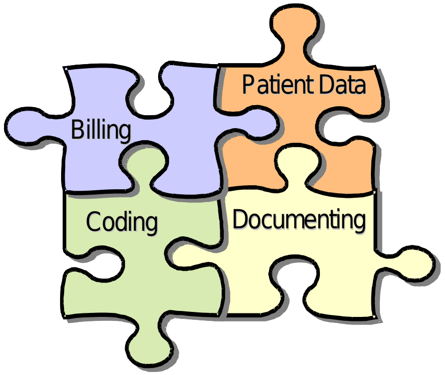
Debt Management



- Includes debt for Individuals and beneficiaries of State Health Care Programs – (Patient Category: K92)
- Public Receivables
  - Individual debtor (RSC 930)
  - Medicaid – (RSC 93A)
  - State Workman’s Comp – (RSC 93B)
  - Misc State Pgms – (RSC 93C)
- ***Does not include beneficiaries of Federal Programs***

CORE COMPETENCIES

Who is Responsible for Medical Debt Management Program?


Patient Data
Billing
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Documenting

MTF-RM Division

UBO/ MSA

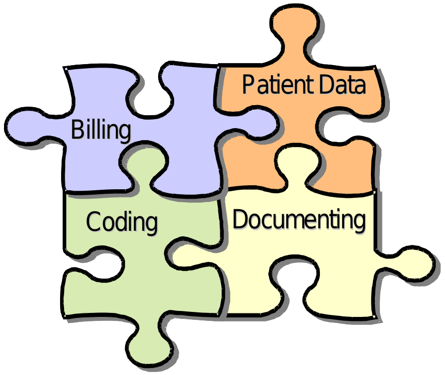
DFAS-AIRXL-SA Debt Managemen

Budget HQ MEDCOM Finance

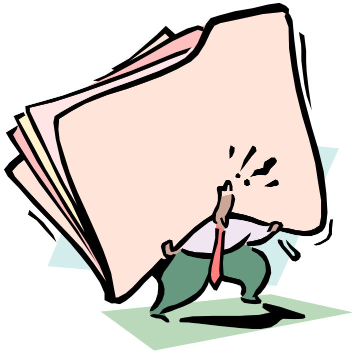
DFAS-DENVER DDMS

Debt Management Transfer Process

Where do I begin?
MSAO Responsibility

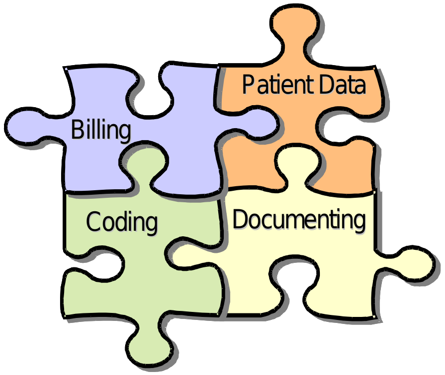


- Complete “***Due Process”***
  - Initial Invoice and Receipt
  - 30 days, First Delinquent Letter
  - 60 days, Second Delinquent Letter
  - 90 days, Account eligible for transfer
  - *DFAS-IN Reg 37-1, Chapter 17, para 171606*
  - *DoD FMR, Volume 5, Chapter 28, para 290202 (OOS Individual Debt Collection Procedures)*
- **If MSAO deems collections action futile-Unable to contact the debtor**
  - Provide a justification for incomplete ‘due process’
  - *DFAS-IN Reg 37-1, Chapter 17, para 171606(a)*
- **MSA Accounts with Health Insurance:**
  - Hold account for 6 months.
  - Follow-up with the debtor’s health insurance
  - ‘Due process’ for debtor’s share of debt



CORE COMPETENCIES

Medical Accounts Transfers-Debt Package Transferred (Status “T”) in CHCS.



1.) Sort debt’s by **FY**

2.) Sort by **NAME/SSN** (Batch both Inpatient (FRR) and Outpatient (FOR) together *(BATCH by **debtor’s medical encounter** which can include the admission. Reference: 1854-R Transfer Summary, TAB 1.)*

3.) Sort by **RSC**

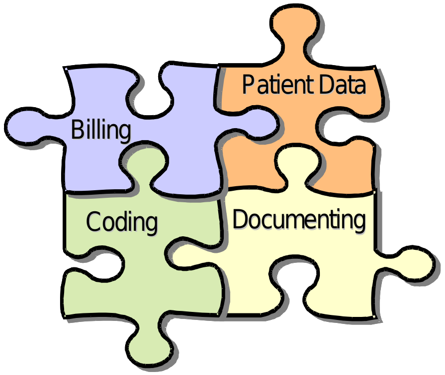
- 930- Individual Debt
- 93A- State Medicaid Pgm
- 93B- State Workman’s Comp Pgm
- 93C- Misc State Pgm (VOC)

4.) Sort RSC 930 by **Dollar Amount** of total debt.

- Accounts Less than $225.00
- Accounts Equal or greater than $225.00

HQ MEDCOM Debt Packages

-RSC 930 accounts, less than $225.00
-RSC 93A, 93B, 93C accounts; all dollar amts.



- Debt Package includes:
  - 1 Copy Invoice
  - 2 follow-up DL
  - 1 copy of DA 1854-R (Transfer Summary)
- DA Form 200 (Transmittal Record)
- Send Debt Package to:

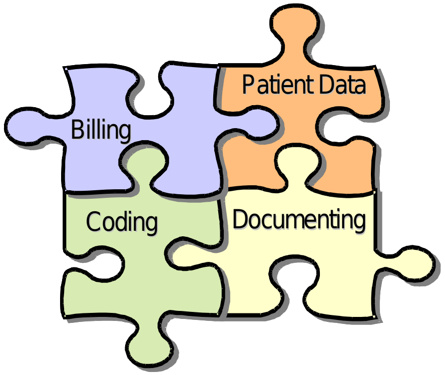
HQ USA Medical Command
ATTN: MCRM-F (Debt Management)
2050 Worth Road, STE 9
Fort Sam Houston, TX 78234-6009

CORE COMPETENCIES

DFAS-SA Debt Packages

-RSC 930 accounts, equal or greater than $225.00

-DFAS-SA forwards accounts to DFAS-Denver

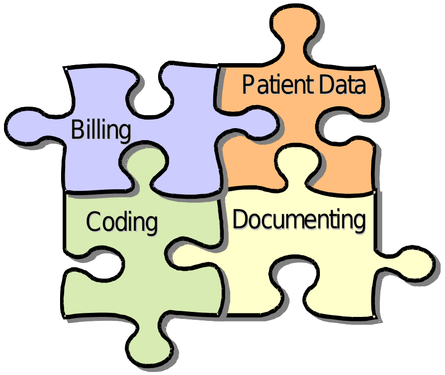


- Debt Package includes:
  - 1 Copy Invoice
  - 2 follow-up DL
  - 2 copies of DA 1854-R (Transfer Summary)
  - Certification Statement *(DFAS-IN Reg 37-1, Chapter 17, Figure 17-1)*
- DA Form 200 (Transmittal Record)
- Send Debt Package to:

DFAS-SA Field Site
ATTN: AIRXL (Debt Management)
500 McCullough AVE
San Antonio, TX 78215-2100

CORE COMPETENCIES

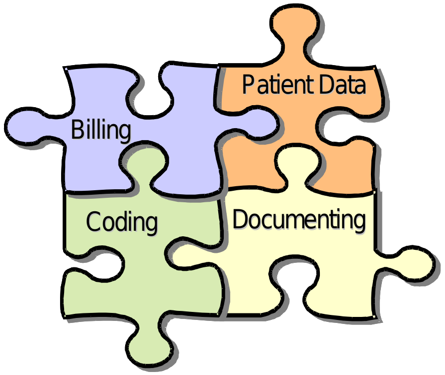
HQ MEDCOM Responsibility



- Manages DM data base-Subsidiary Ledger
- Completes HQ MEDCOM Form *"Debt Management–Document Notification"* (DM-DN) for FY03 and fwd years. The DM-DN is used for: *(Reference: TAB 2.)*
  - Notifies RM to record 'bad debt' into the accounting records
  - Notifies DFAS-SA to process J.V.
  - **Acknowledgment to MSAO that 'debt pkgs' are received and processed**

CORE COMPETENCIES

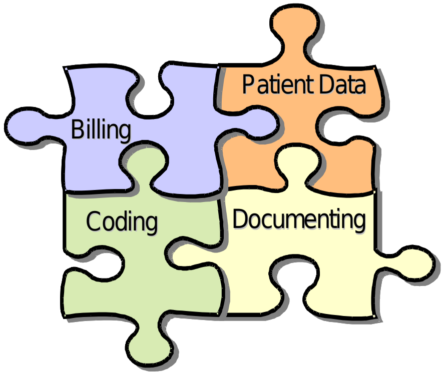
MTF-RM Responsibility



- Record ‘bad debt’ into the accounting records (FY03 and FWD years)
  - Establishing an obligation/earning into the accounting records *Reference: “DM-DN”, TAB 2.*
- Reverse all ‘bad debt’ transaction in the accounting records (F03 and FWD years)
  - When account is collected after transferred
  - MSAO request an account be returned to MTF for whatever reason.
  - Complete “Debt MGT-Transferred Accounts Collected or Returned by MSAO” Worksheet (DM-TACR) (*Reference: “DM-TACR”, TAB 3.)*

CORE COMPETENCIES

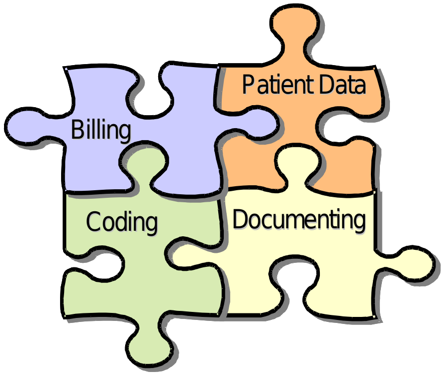
DFAS-SA Debt Mgt Responsibility



- Facilitate all medical debt package to DFAS-Denver
- Manage all correspondence between MTF and DFAS-Denver
- Process all J.V. to complete accounting process upon receipt of the DM-DN or DM-TACR *(Reference TAB 2 & 3.)*
- Process Denver Collection for Public Receivables-
  - SF 1081 Coll to MTF
  - Notify MTF-RM of Denver Coll so they can reverse ‘bad debt’ account in accounting records

CORE COMPETENCIES

Collections received by MSAO after accounts are transferred.


Patient Data
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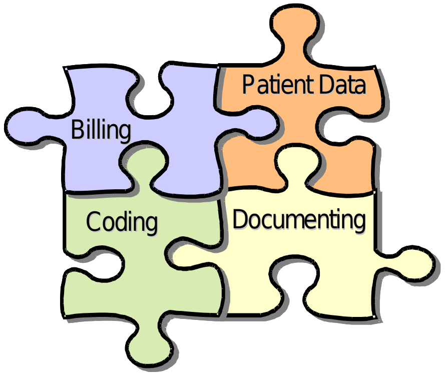
Documenting

- First, Where was the debt package sent?
  - HQ MEDCOM
  - DFAS-DE through DFAS-SA
- Second, What is the FY of the account transferred? *(Debt Mgt procedures changed in FY03)*

NOTE: Reference: Example DD 1131, TAB 4.

CORE COMPETENCIES

Collections for Transferred accounts to DFAS-Denver



- Do not open CHCS to post the collection
- Deposits the funds into the following appropriation for all FY accounts:

  21 F 3875.5104 APC/DPI 0550/42 041133 with the following 14 digit document number:

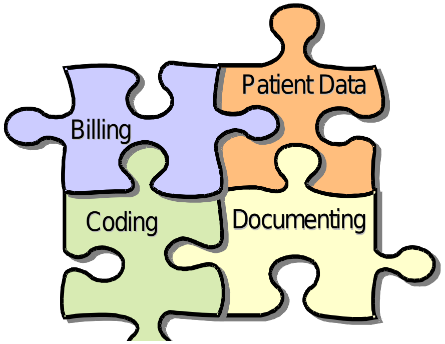
  MD(Position 1-2**),#ASN** (Position 3-6), **####**-Last 4 digits of debtor’s SSN(Position 7-10), **MO/YR**- Month/Year of the debt(Position 11-14).
- FAX CCV to DFAS-SA, ATTN: AIRXL

  Civ:(210)527-8837/DSN: 448-8837

- Annotate MSG in CHCS with the CCV NO, and date, PAYER, Check NO, and date.

CORE COMPETENCIES

FY 03-FWD Years:
Collections for Transferred Accounts to HQ MEDCOM



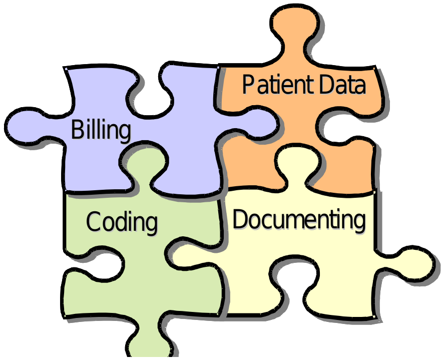
- Do not open CHCS to post the collection
- Deposits the funds into MTF’s appropriation; using MTF collection APC and cust#: *(Reference CCV, TAB 4.)*

  97 #(FY) 0130.1881 74-####(ASN) 93#-C (RSC) MTF COLL
  APC/DPI: ______/_____ Customer
  NO:_______FSN:____________

- Provide CCV to MTF RM. (RM must complete the *“Debt Mgt-Transferred Account Collected or Returned by MSAO”* (DM-TACR) worksheet. *(Reference TAB 3.))*

- FAX CCV to DFAS-SA, ATTN: AIRXL
  - ***Civ:(210)527-8837/DSN: 448-8837***
- FAX CCV to HQ MEDCOM, ATTN: Debt MGT
  - ***Civ:(210)221-7880/DSN: 471-7880***
- Annotate MSG in CHCS with the CCV NO, and date, PAYER, Check NO, and date.

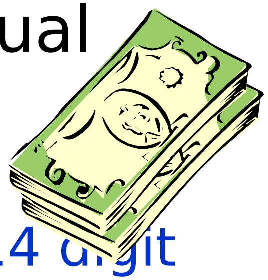
FY 02-Prior Years:
Collections for Transferred Accounts to HQ MEDCOM



- Do not open CHCS to post the collection
- Deposits the funds into HQ MEDCOM annual appropriation: *(Reference CCV, TAB 4.)*

  97 #(FY) 0130.1881 74-7402 APC/DPI: G930/42 FSN: 041133 with the following 14 digit document number:

  MD(Position 1-2**),#ASN** (Position 3-6), **####**-Last digits of debtor's SSN(Position 7-10), **MO/YR**-Month/Year of the debt(Position 11-14).



- FAX CCV to HQ MEDCOM, ATTN: MCRM-F (Debt MGT) *(Reference TAB 2.)*

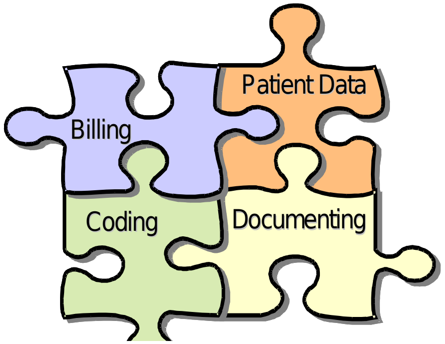
  Civ:(210) 221-7880/DSN: 471-7880

- Annotate MSG in CHCS with the CCV NO, and date, PAYER, Check NO, and date.

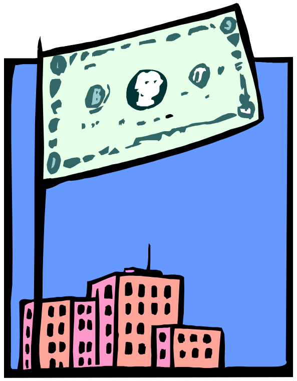
CORE COMPETENCIES

Year-END Debt Management Requirement

How to calculate MTF Accounts Receivable



- **Calculate previous year collection rate**
  - FY04 Coll (INC) divided by FY04 SALES = Coll Rate
    - FY04 SALES=200K
    - FY04 Coll (INC)=60K
    - 60K divided by 200K = 30% ***30% = Coll Rate***
- **Calculate CY Anticipated Collections (Good Coll)**
  - Multiply CY05 SALES by COLL RATE = CY Good Coll
  - Estimate 05 Sales (FRR/FOR) with a disposition date on or before 30 SEP for uncoded records.
    - FY05 SALES = 220K
    - 220K X 30% = 66K ***66K = Good Coll***
- **Calculate Account Receivable**
  - **Subtract FY05 Coll (FYTD) from Good Coll**
    - CY Coll(FYTD) = 32K
    - Good Col = 66K
    - 66K - 32K = 34K ***34K = Account Receivable***
- **Account Receivable is recorded in a Payment Plan Customer NO**



TAB 1: EXAMPLE of a BATCHED 1854-R (Transfer Summary)

NOTE: If MTF elects to use the CHCS 1854-R, the MSAO is still required to separate the accounts by FY, RSC, and and debtor’s SSN.)

DAILY TRANSFER SUMMARY

For use of this form, see AR37-1; the proponent is OASA(FM).

TSR CONTROL #

INTERNAL CONT #

TRANSFERRED DATE:

TO:

Finance and Accounting Office
JIMMY L. HELLER Accounting and Finance Officer
FT SAM HOUSTON TX 78234-5023

FROM:

MTF Address

Following are charge sales and adjustments resulting from operation of this activity for the period____________, submitted in accordance with provisions of AR37-1. Supporting documents are attached.

CHARGE SALES			ADJUSTMENTS		
	ACCOUNTING CLASSIFICATION	**AMOUNT**	ACCOUNTING CLASSIFICATION		**AMOUNT**
FY 03 **RSC: 930**	**97 3 0130.1881 74-ASN-930 (MTF 930 'Bad Debt" Cust NO 2)** **P840000 25GY (MTF Reimb APC2/DPI) FSN NO.**	**$10,545.00**			
FY 03 RSC: 93A	**97 3 0130.1881 74-ASN-930 (MTF 93A 'Bad Debt" Cust NO 2)** **P840000 25GY (MTF Reimb APC2/DPI) FSN NO.**				
FY 03 RSC: 93B	**97 3 0130.1881 74-ASN-930 (MTF 93B 'Bad Debt" Cust NO 2)** **P840000 25GY (MTF Reimb APC2/DPI) FSN NO.**				
FY 03 RSC: 93C	**97 3 0130.1881 74-ASN-930 (MTF 93C 'Bad Debt" Cust NO 2)** **P840000 25GY (MTF Reimb APC2/DPI) FSN NO.**				
	TOTAL	**$10,545.00**		**TOTAL**	$0.00

ORDERS RECEIVED

APPROPRIATION TO BE REIMBURSED

97 3 0130.1881 74-ASN-930 (MTF 930 'Bad Debt' Cust NO 2)
P840000 25GZ (MTF 'Bad Debt' Reimb APC2/DPI) FSN NO.

		CUSTOMER	REG #	DOLLAR AMT	RSC	SALES CODE	AMOUNT
1	22-Jun-03	**BABY, GIRL 123-45-6666**	**A12345**	**$200.00**	**930**	**FOR**	
2		******Inpatient debt batched with OIB.***	**B23456**	**$100.00**		**FOR**	
3			**C34567**	**$10.00**		**FOR**	
4			**654321**	**$10,000.00**		**FRR**	**$ 10,310.00**
5							
6	22-Jun-03	**BABY, BOY 234-56-7777**	**D45678**	**$70.00**	**930**	**FOR**	
7		******OIB batched together.***	**E56789**	**$150.00**		**FOR**	
8			**F67890**	**$15.00**		**FOR**	**$ 235.00**
9							
10		******Above are examples of patients with multiple accounts reported on a DA Form 1854-R.***					
11		***Only the total of the multiple invoices must be reflected in the amount column.***					
12		***The various patient account numbers and individule dollar amount needs to be indente***					
13		***IN the approprriation column.******					
14		******(Recommend, when possible, that the inpatient debt is transferred with the outpatient debt so DFAS-DE***					
15		***can establish the total debts for each patient at the same time.) ******					
16							
17							
18							
19							
						TOTAL	**$10,545.00**

TAB 2: EXAMPLE HQ MEDCOM Form DM-DN (Debt Management-Document Notification)

HQ USA MEDICAL COMMAND	**Control No: ___050060**		
Debt Management-Document Notification	**MTF:______7427**	**DATE:**	**21-Mar-05**

1 HQ MEDCOM received the following debt packages from MTF:

(Debt Packages RSC 930 < $225.00, 93A, 93B,or 93C)

FY	RSC	Transfer Summary Date	Transfer Summary CTRL NO. (DA 1854-R)	Dollar Amount
3	93A	13-Jul-04	E04-20	$7,140.46
			TOTAL 93A	**$7,140.46**
3	93B	13-Jul-04	E04-20	$11,146.58
3	93B	25-Aug-04	E04-22	$3,165.23
			TOTAL 93B	**$14,311.81**
3	93C	13-Jul-04	E04-20	$1,352.27
3	93C	25-Aug-04	E04-22	$66.77
			TOTAL 93C	**$1,419.04**
3	930	25-Aug-04	E04-22	$1,157.95
3	930	25-Aug-04	E04-22	$1,208.13
3	930	25-Aug-04	E04-22	$831.70
3	930	25-Aug-04	E04-22	$738.65
3	930	13-Jul-04	E04-20	$1,378.61
3	930	13-Jul-04	E04-20	$1,014.74
			TOTAL 930	**$6,329.78**

a.) Record the bad debt expense. EOR = 252G, ODC = 2

b.) Input TA23 debit into STANFINS via dbCAS, use SDN beginning with HQS & ending with MEDCOM's Control # (Top of Page)

c.) Input TA AV, 11, 1L debit via dbCAS to create the funding and orders to match earnings. **(CY ONLY)**

d.) Input TA 32 via DARS to create accrual & earnings (or let DFAS do it with weekly accrual blocks).

e,) DFAS-SA processes JV (TA40/43) to close accounts payable & record collection.

f.) Reference DFAS-IN Regulation 37-1, Chapter 17, Annex A, Paragraph 6.

2 HQ MEDCOM received the following debt packages from DFAS-SA:

(Debt Packages RSC 930 => $225.00)

FY	RSC	Transfer Summary Date	Transfer Summary CTRL NO. (DA 1854-R)	Dollar Amount	DFAS Transmittal NO.	DFAS Transmittal Date
3	930	13-Jul-04	E04-20	$2,299.29	2004225C	31-Aug-04
3	930	25-Aug-04	E04-22	$441.05	2004243Y	31-Aug-04
3	930	13-Jul-04	E04-20	$39,209.50	20042251	31-Aug-04
3	930	25-Aug-04	E04-22	$48,463.73	20042431	31-Aug-04
3	930	25-Aug-04	E04-22	$32,867.27	20042432	31-Aug-04
			TOTAL	**$123,280.84**		
	930					
	930					

a.) Record the bad debt expense. EOR = 252G, ODC = 2

b.) Input TA23 debit into STANFINS via dbCAS, use SDN beginning with DEN & ending with MEDCOM's Control # (Top of Page)

c.) Input TA AV, 11, 1L debit via dbCAS to create the funding and orders to match earnings. **(CY ONLY)**

d.) Input TA 32 via DARS to create accrual & earnings (or let DFAS do it with weekly accrual blocks).

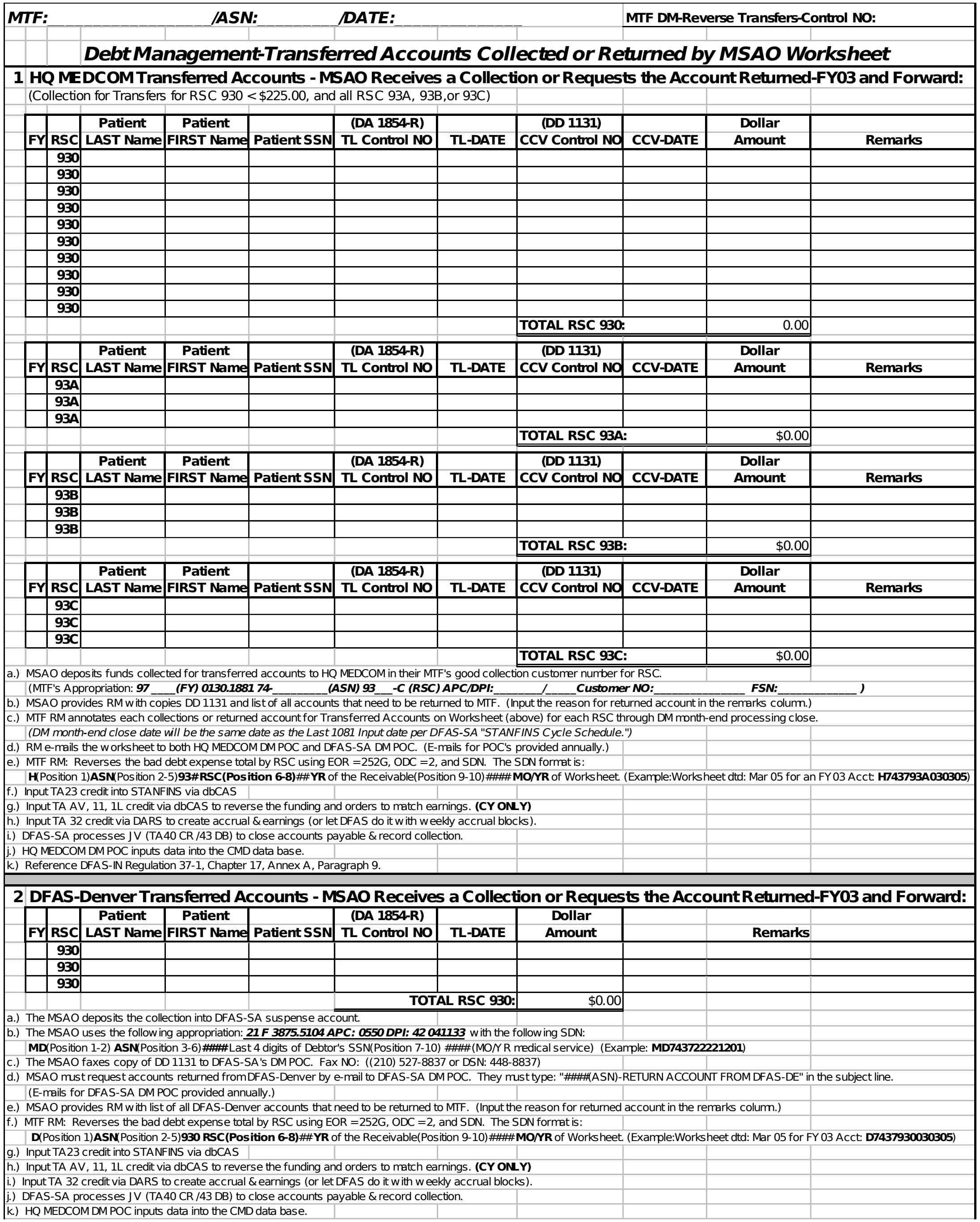
e,) DFAS-SA processes JV (TA40/43) to close accounts payable & record collection after receipt of notification (Transmittal) from DFAS-Denver.

f.) Reference DFAS-IN Regulation 37-1, Chapter 17, Annex A, Paragraph 7.

TAB 3: EXAMPLE HQ MEDCOM Form DM-TACR

(Debt Management-Transferred Accounts Collected or Transferred)

MTF-RM Requirement to submit DM-TACR at mo-end.



MTF:__________________/ASN:_________/DATE:______________ **MTF DM-Reverse Transfers-Control NO:**

Debt Management-Transferred Accounts Collected or Returned by MSAO Worksheet

1 HQ MEDCOM Transferred Accounts - MSAO Receives a Collection or Requests the Account Returned-FY03 and Forward:

(Collection for Transfers for RSC 930 < $225.00, and all RSC 93A, 93B,or 93C)

FY	RSC	Patient LAST Name	Patient FIRST Name	Patient SSN	(DA 1854-R) TL Control NO	TL-DATE	(DD 1131) CCV Control NO	CCV-DATE	Dollar Amount	Remarks
	930									
	930									
	930									
	930									
	930									
	930									
	930									
	930									
	930									
	930									
							TOTAL RSC 930:		0.00	

FY	RSC	Patient LAST Name	Patient FIRST Name	Patient SSN	(DA 1854-R) TL Control NO	TL-DATE	(DD 1131) CCV Control NO	CCV-DATE	Dollar Amount	Remarks
	93A									
	93A									
	93A									
							TOTAL RSC 93A:		$0.00	

FY	RSC	Patient LAST Name	Patient FIRST Name	Patient SSN	(DA 1854-R) TL Control NO	TL-DATE	(DD 1131) CCV Control NO	CCV-DATE	Dollar Amount	Remarks
	93B									
	93B									
	93B									
							TOTAL RSC 93B:		$0.00	

FY	RSC	Patient LAST Name	Patient FIRST Name	Patient SSN	(DA 1854-R) TL Control NO	TL-DATE	(DD 1131) CCV Control NO	CCV-DATE	Dollar Amount	Remarks
	93C									
	93C									
	93C									
							TOTAL RSC 93C:		$0.00	

a.) MSAO deposits funds collected for transferred accounts to HQ MEDCOM in their MTF's good collection customer number for RSC.
(MTF's Appropriation: ***97 ____(FY) 0130.1881 74-_________(ASN) 93___-C (RSC) APC/DPI:________/_____Customer NO:_______________ FSN:_____________)***
b.) MSAO provides RM with copies DD 1131 and list of all accounts that need to be returned to MTF. (Input the reason for returned account in the remarks column.)
c.) MTF RM annotates each collections or returned account for Transferred Accounts on Worksheet (above) for each RSC through DM month-end processing close.
(DM month-end close date will be the same date as the Last 1081 Input date per DFAS-SA "STANFINS Cycle Schedule.")
d.) RM e-mails the worksheet to both HQ MEDCOM DM POC and DFAS-SA DM POC. (E-mails for POC's provided annually.)
e.) MTF RM: Reverses the bad debt expense total by RSC using EOR =252G, ODC =2, and SDN. The SDN format is:
H(Position 1)**ASN**(Position 2-5)**93#RSC(Position 6-8)##YR** of the Receivable(Position 9-10)#### **MO/YR** of Worksheet. (Example:Worksheet dtd: Mar 05 for an FY 03 Acct: **H743793A030305**)
f.) Input TA23 credit into STANFINS via dbCAS
g.) Input TA AV, 11, 1L credit via dbCAS to reverse the funding and orders to match earnings. **(CY ONLY)**
h.) Input TA 32 credit via DARS to create accrual & earnings (or let DFAS do it with weekly accrual blocks).
i.) DFAS-SA processes JV (TA40 CR /43 DB) to close accounts payable & record collection.
j.) HQ MEDCOM DM POC inputs data into the CMD data base.
k.) Reference DFAS-IN Regulation 37-1, Chapter 17, Annex A, Paragraph 9.

2 DFAS-Denver Transferred Accounts - MSAO Receives a Collection or Requests the Account Returned-FY03 and Forward:

FY	RSC	Patient LAST Name	Patient FIRST Name	Patient SSN	(DA 1854-R) TL Control NO	TL-DATE	Dollar Amount	Remarks
	930							
	930							
	930							
					TOTAL RSC 930:		$0.00	

a.) The MSAO deposits the collection into DFAS-SA suspense account.
b.) The MSAO uses the following appropriation: ***21 F 3875.5104 APC: 0550 DPI: 42 041133*** with the following SDN:
MD(Position 1-2) **ASN**(Position 3-6)**####** Last 4 digits of Debtor's SSN(Position 7-10) ####(MO/YR medical service) (Example: **MD743722221201**)
c.) The MSAO faxes copy of DD 1131 to DFAS-SA's DM POC. Fax NO: ((210) 527-8837 or DSN: 448-8837)
d.) MSAO must request accounts returned from DFAS-Denver by e-mail to DFAS-SA DM POC. They must type: "####(ASN)-RETURN ACCOUNT FROM DFAS-DE" in the subject line.
(E-mails for DFAS-SA DM POC provided annually.)
e.) MSAO provides RM with list of all DFAS-Denver accounts that need to be returned to MTF. (Input the reason for returned account in the remarks column.)
f.) MTF RM: Reverses the bad debt expense total by RSC using EOR =252G, ODC =2, and SDN. The SDN format is:
D(Position 1)**ASN**(Position 2-5)**930 RSC(Position 6-8)##YR** of the Receivable(Position 9-10)#### **MO/YR** of Worksheet. (Example:Worksheet dtd: Mar 05 for FY 03 Acct: **D7437930030305**)
g.) Input TA23 credit into STANFINS via dbCAS
h.) Input TA AV, 11, 1L credit via dbCAS to reverse the funding and orders to match earnings. **(CY ONLY)**
i.) Input TA 32 credit via DARS to create accrual & earnings (or let DFAS do it with weekly accrual blocks).
j.) DFAS-SA processes JV (TA40 CR /43 DB) to close accounts payable & record collection.
k.) HQ MEDCOM DM POC inputs data into the CMD data base.

TAB 4: EXAMPLE of a DD 1131 (Cash Collection Voucher) for Collections received after Accounts are Transferred.

CASH COLLECTION VOUCHER

DISBURSING OFFICE COLLECTION VOUCHER NO.

RECEIVING OFFICE COLLECTION VOUCHER NO.
CV NO: _________ (Deposit Ticket# ___________)

ACTIVITY (Name and location) (Include ZIP Code)
MTF ADDRESS

RECEIVED AND FORWARDED BY (Printed name, title and signature)
NAME:
UNIFORM BUSINESS OFFICE MANAGER/MEDICAL SERVICE ACCOUNTS OFF
DSN: CML

DATE
16 APR 03

ACTIVITY (Name and location) (Include ZIP Code)
DFAS-IN Central Disbursing Office, 8899 East 56th Street, Indianapolis, IN 46249-6009

DISBURSING OFFICER (Printed name, title and signature)
MR NICK MADDEN
GS-15
Director Centralized Disbursing

DISBURSING STATION SYMBOL NO.
5570

DATE RECEIVED SUBJECT TO COLLECTION
16 APR 03

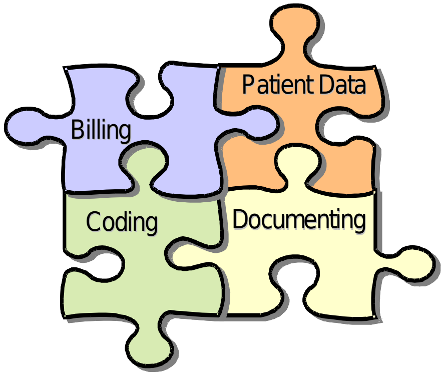
PERIOD: FROM TO

DATE REC'D	NAME OF REMITTER DESCRIPTION OF REMITTANCE	DETAILED DESCRIPTION OF PURPOSE FOR WHICH COLLECTIONS WERE RECEIVED	AMOUNT	ACCOUNTING CLASSIFICATION
#1:	**Baby Girl/123-45-6789** **Act No: A123456 DOS: 9/16/02** **Transfer Date: 18 Mar 03** **Ck NO: DTD:**	**MEDICAL COLLECTION FOR A TRANSFERRED ACCOUNT TO DFAS-DE. (RSC: 930)** *The appropriation is the same for current year and prior year collections for transferred accounts to DFAS-Denver.*	$252.80	**21 F 3875.5104 APC 0550 DPI: 42 MD74##(asn)6789 (ssn)0902(mo/yr service provided) 041133** *(NOTE: The suspense account year used is always* ***'F'*** *and the last 8 digits of the Doct NO is the only change*
#2.	**USA INS CO Act NO:B234567** **PT: Baby Boy/234-56-7890** **Trans Date:29 Mar03** **Ck NO: DTD:**	**MEDICAL COLLECTION FOR A TRANSFERRED ACCT TO HQ MEDCOM. (RSC: 930, 93A, 93B, 93C)** *Collections for transferred accounts to HQMEDCOM for 2year and prior is deposited into HQ MEDCOM's account.*	$55.60	**97 2 0130.1881 74-7402** **APC: G930 DPI:42** **EOE:25GY** **MD74##(ASN)7890####** *(####MO/YR service as provided.)*
#3.	**(Example above FY03 account that is transferred. PT DOS: 30 Jan, 2003 RSC 93B)**	**MEDICAL COLLECTION FOR A TRANSFERRED ACCT TO HQ MEDCOM. (RSC: 930, 93A, 93B, 93C)** **Collections for transferred accounts to HQMEDCOM for FY03 and forward deposited into your MTF account(ASN: 74##)* ** Collections for transferred accounts to DFAS-DE for current year, continue to input into the suspense account.* *(Reference Example #1. above.)*	$55.60	**97 3 0130.1881 74-74##** **APC:#### DPI: ##** **93B Coll CUST NO: ######** **FSN:######** ********Required to copy furnish your RM with DD 1131****.** ********RM must reverse the bad debt accounting** **Input collection in the year of the receivable and customer number.*
		TOTAL	$364.00	

DD FORM 1131, APR 57 REPLACES EDITION OF 1 APR 56 WHICH IS OBSOLETE USAPPC V3.10

CORE COMPETENCIES

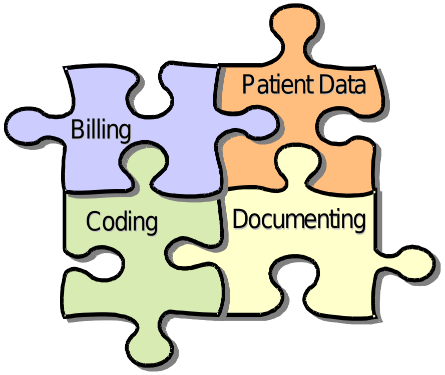
Regulations



- **DoD FMR, Volume 4, Chapter 3**,*"Receivables"*
- **DoD FMR, Volume 5, Chapter 28**,*"General Provision on Indebtedness"*
- **DoD FMR, Volume 5, Chapter 29,** *"Collection of Out-of Service Debts"*
- **DoD FMR, Volume 5, Chapter 30**,*"Debt Collection by Offset"*
- **DFAS-IN Reg 37-1, Chapter 17,** *"Accounts Receivable and Debt Management"*
- **DFAS-IN Reg 37-100-**, Chapter 2,** *"Standard Army Accounting Classification"*

CORE COMPETENCIES

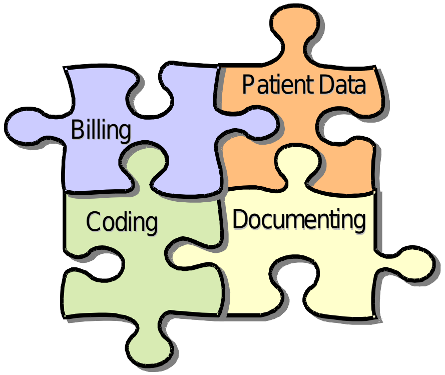
Summary


Patient Data
Billing
Coding
Documenting

- General Overview
- Transfer debt package process
- Collection Process for Transferred Acts
- Year-end procedures-Calculating year-end accounts receivable
- Examples of Form Document
- Regulations

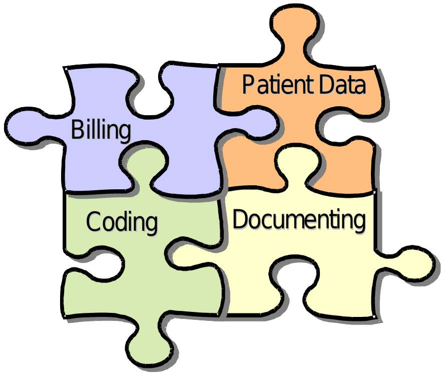
CORE COMPETENCIES

Questions????????


Patient Data
Billing
Coding
Documenting

Charlene Busanet, Staff Accountant
HQ USA Medical Command
ATTN: MCRM-F
2050 Worth Road, STE 9
Fort Sam Houston, TX 78234
(210) 221-6812 / dsn: 471-6812
Charlene.Busanet@amedd.army.mil

CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

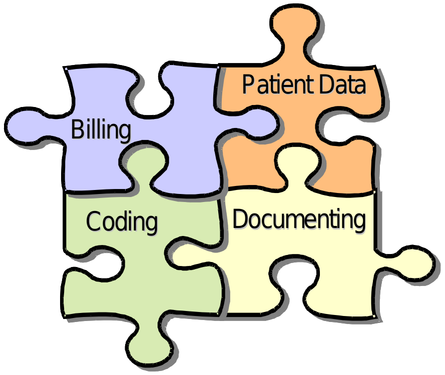
UBO Manual Overview/Changes

SMSgt DeLisa Prater, AF UBO Program Manager
Mr. Douglas Ashby, Army UBO Program Manager
Ms. Elizabeth Coke, Navy UBO Program Manager
Ms. Robbi-Lynn Watnik, Esq., UBO Support Contractor

UBO/UBU Annual Conference
Track 3 – UBO Basic /Track 7 - MSA Workshop
18 May 2005

CORE COMPETENCIES

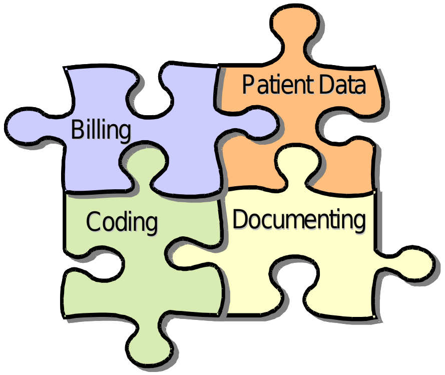
Objectives


Patient Data
Billing
Coding
Documenting

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

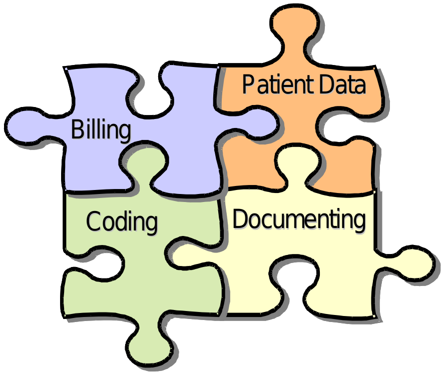
CORE COMPETENCIES

Overview


Billing
Patient Data
Coding
Documenting

- Service-specific provisions are stricken from the Manual.
- Most references/documents are hyperlinked for easy access and review.
- Chapter 6 in the 1997 Manual – split into two chapters
  - Chapter 6 – Charges for Medical Services
  - Chapter 7 – Subsistence

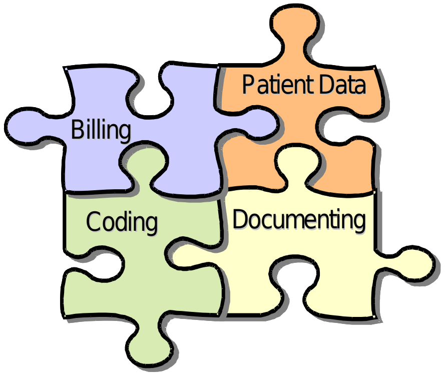
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Chapter 1
Introduction

CORE COMPETENCIES

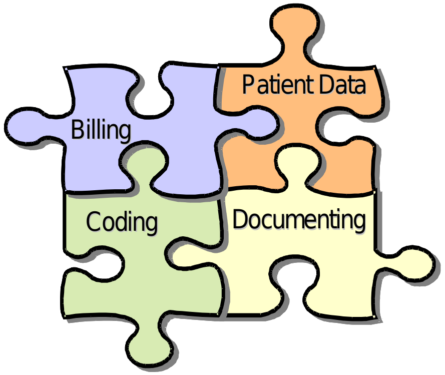
Chapter 1 Introduction



Purpose

- Replaces “uniform management system for Military Treatment Facility (MTF) business office functions” with “standardized guidance for the business office portions of the revenue cycle function at Military Treatment Facilities (MTFs).”
- Expands the MSA billing activity description to specify types of patients for whom MSA billing is appropriate.
- Expands the description of Third Party Collection.

Chapter 1 Introduction



Responsibilities

- Terminology changes
  - “Assistant Secretary of Defense (Health Affairs)” changed to “Executive Director TRICARE Management Activity.”
  - “Under Secretary of Defense for Personnel and Readiness” changed to “Assistant Secretary of Defense (Health Affairs).”
  - “Joint Services and Health Affairs” changed to “Tri-Service and TMA work groups.”
  - “Management information systems” changed to “automated information systems” (AIS).
  - ‘Major Medical Command” changed to “The Services.”
  - “Joint Service (Tri-Service) HA work group” changed to “TMA work groups.”

CORE COMPETENCIES

Chapter 1
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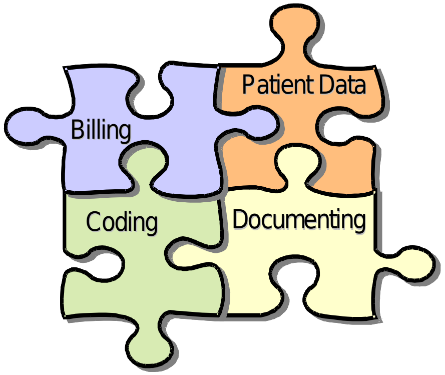

Responsibilities (continued)

- New responsibility for TMA.
  - Maintain a database of all Service policies and procedures issued to implement this guidance document.
    - Ensure that Service policies and procedures are in compliance with this guidance document Clarifies that the purpose of the a marketing program is “to achieve maximum Other Health Insurance (OHI) capture.”
  - Military Department Secretary responsibility.
- The Military Department Secretary must report to TMA instead of Office of the Assistant Secretary of Defense for Health Affairs.

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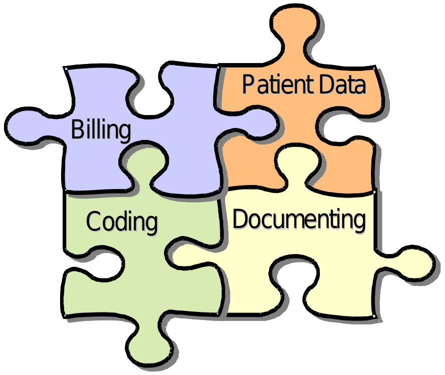
Patient Data
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Training

- Moved to the Service level.
  - April 1997 Manual - Secretary of each Military Department

CORE COMPETENCIES

Chapter 1
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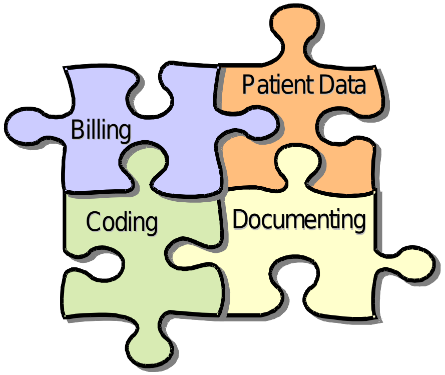
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New Material

- Clarification at Service level that funds received through the Third-Party Collection Program are used *only* to enhance healthcare services.
  - Reinforces the statute.

- Services must submit reports to higher authority as required.

Chapter 1
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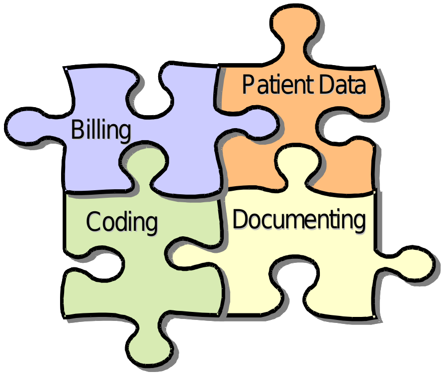
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New Material

- New requirements for the MTF commander regarding the Business Office.
  - Begins the compliance structure that is outlined in Chapter 2.

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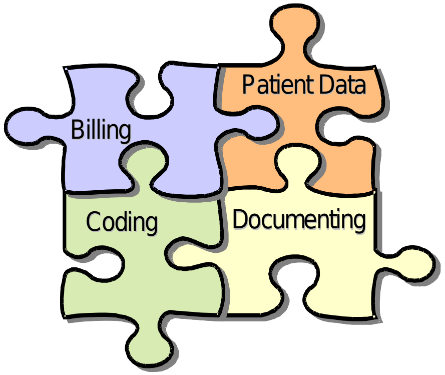
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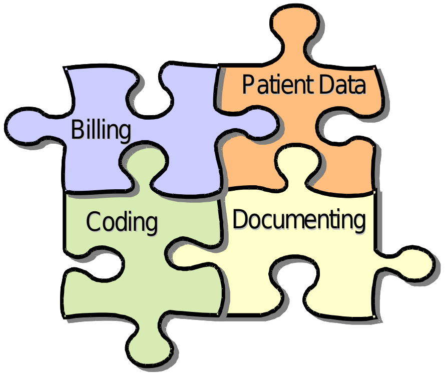
Chapter 2
Compliance

CORE COMPETENCIES

Chapter 2
Compliance

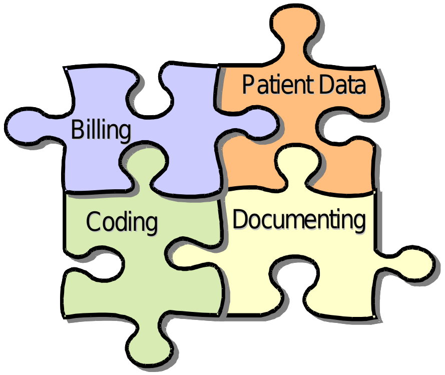


In General

- Complete revision of the April 1997 Manual.
  - Brings compliance to the forefront of billing activities.
  - Basically modeled after Compliance Guidance documents issued by the Department of Heath and Human Services Office of Inspector General.
    - Adjusted to meet the unique needs of the Military Health System.

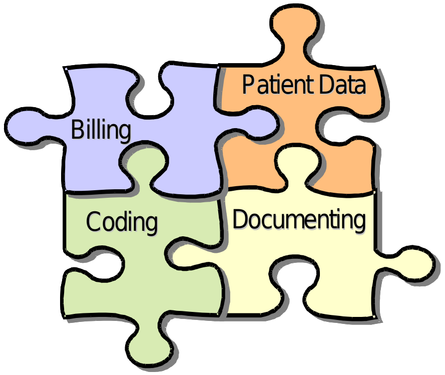
CORE COMPETENCIES

Chapter 2 Compliance



- Portions of the April 1997 Manual moved to other parts of the new Manual.
    - Example – Discussions of the MSA and TPC office locations are inserted in the respective chapters addressing the specific office.
- Recommendations for Auditing And Monitoring Activities.
    - Similar to the April 1997 Manual.

CORE COMPETENCIES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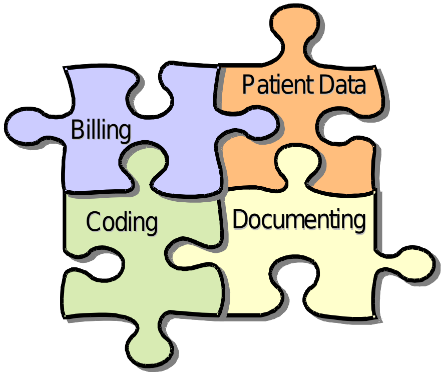
Chapter 3

Medical Services Account

CORE COMPETENCIES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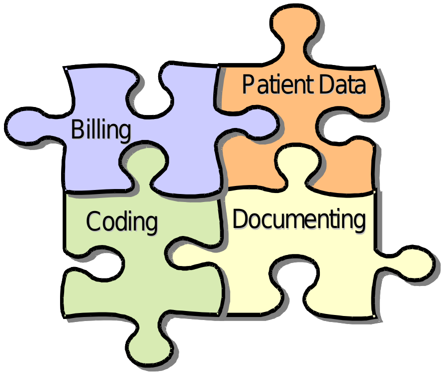
Chapter 3
Medical Services Account

General

- No change in overall issues
- Service-specific references have been stricken.
- “Medical services” = “medical and dental services.”

CORE COMPETENCIES

Chapter 3
Medical Services Account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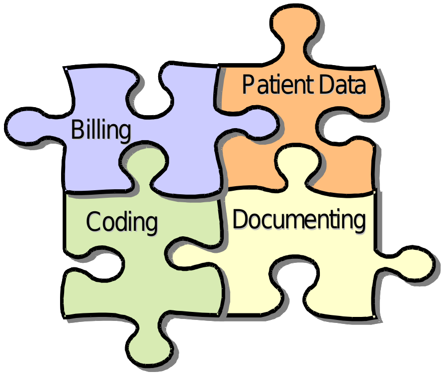
Appointment of the MSA Officer

- The MSA officer *must* be a commissioned officer, NCO, warrant officer or civilian employee.
  - A contractor may not serve as an MSA Officer.

CORE COMPETENCIES

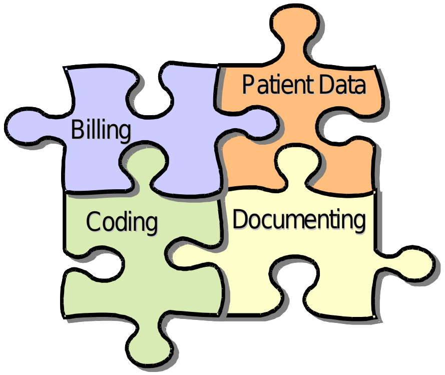
Chapter 3
Medical Services Account



Responsibilities of the MSA Officer

- Provide relevant charge information to patient admissions personnel.
  - Originally, the MSA Officer had to ensure that “patients are aware of” the relevant charges.
- The cross reference to Chapter 6 is changed to Chapters 6 and 7 to reflect the change in the proposed Manual.
- The deposit and internal control procedures are revised.

Chapter 3
Medical Services Account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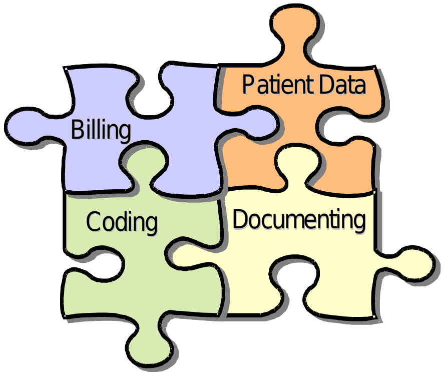
Transferring MSA Officer Responsibilities

- References to “FSO, DAO, and DO” have been stricken and replaced with “servicing accounting and finance offices.”

Chapter 3
Medical Services Account



Change Funds

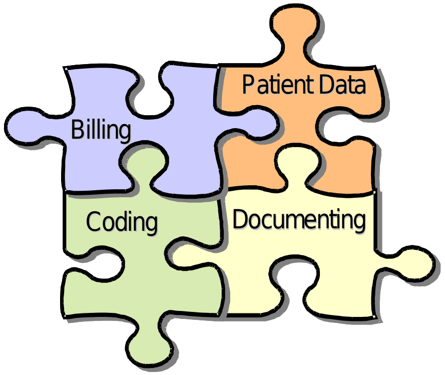
- This Section provides additional clarity as to how the change fund authorization is to be obtained.

Minimum Internal Controls

- This Section provides additional guidance to allow for manual reporting when automated reporting is not available or otherwise appropriate.

CORE COMPETENCIES

Chapter 3
Medical Services Account

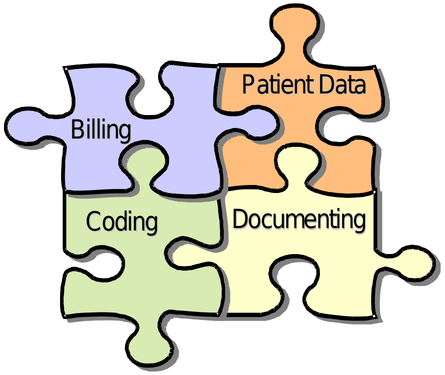


Responsibility For Loss of Funds And Action to Be Taken

- The MSA officer may not procure surety bonds with appropriated funds.
  - MSA officers may not be required to provide bond at their personal expense.
- Lack of bond coverage does not relieve the custodian of responsibility for funds, patient valuables, or financial liability in case of loss.

CORE COMPETENCIES

Chapter 3
Medical Services Account

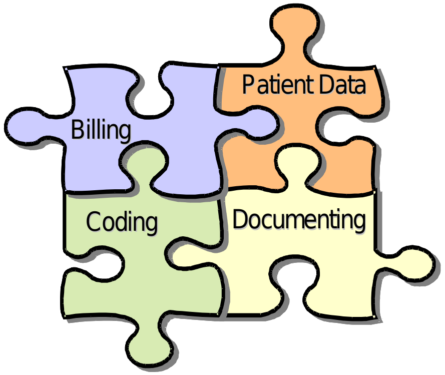


Responsibility For Loss of Funds And Action to Be Taken (cont'd.)

- Notify the MTF commander if a loss or deficiency of Government funds, vouchers, or papers is discovered.
  - The MTF commander shall submit a request for an investigation from the base or post.
- If a loss occurs, take action as outlined in the *FMR.*

CORE COMPETENCIES

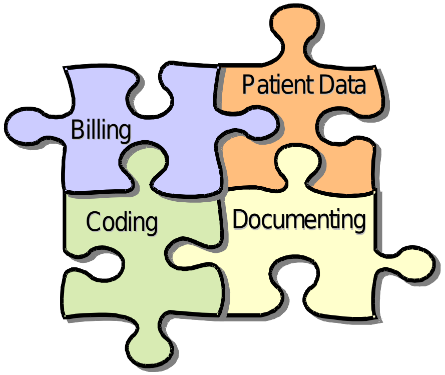
Chapter 3
Medical Services Account



Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont'd.)

- Civilians who are not covered beneficiaries shall be charged for trauma and other medical care.
- They are treated at their own expense and billed using an I&R.
  - These patients should complete a DD Form 2569.

Chapter 3
Medical Services Account


Patient Data
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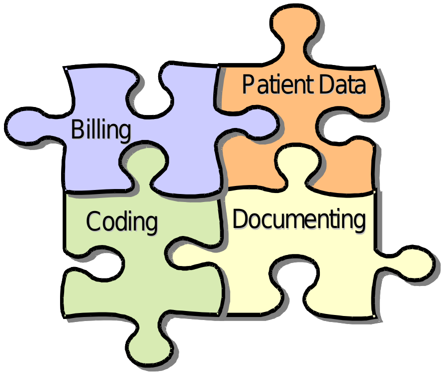
Procedures for Charging Fees for Trauma Care and Other Medical Care Provided to Civilians (cont'd.)

- The amount collected shall be used for:
  - Trauma consortium activities;
  - Administrative, operating and equipment costs; and
  - Readiness training.

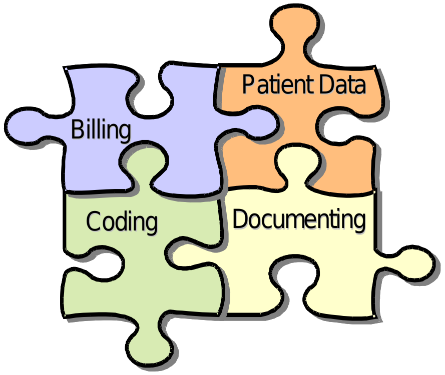
Chapter 3
Medical Services Account



Billing Non-Uniformed Services Beneficiary Patients During Contingency Operations

- These individuals are eligible for treatment in forward deployed non-fixed medical facilities.
  - They should not be billed.
- Bill the patient if he or she needs services beyond the mobile setting and is transferred to a fixed MTF.

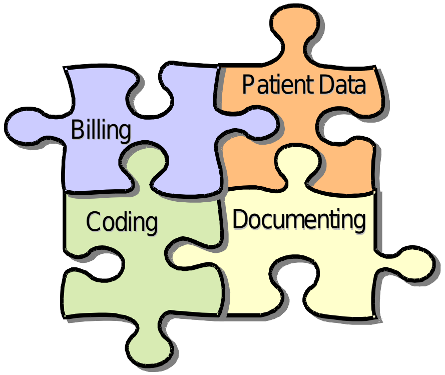
Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- Follow Service-specific guidelines for filing claims to state agency sponsored programs and for uncollected debt.
- Bill Medicaid on behalf of Non-Uniformed Services Medicare-eligible emergency patients at the full rate.

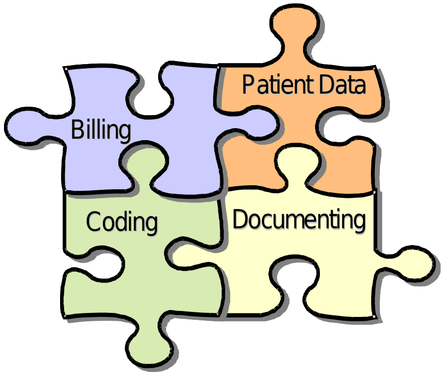
Chapter 3
Medical Services Account



Billing State Agency Sponsored Programs, Such As Medicaid

- The MSA Officer may also bill the patient directly for physician’s services if Medicaid does not pay.
  - Partial payments are accepted as payment in full.
- Provide the patient an itemized bill for the services rendered.

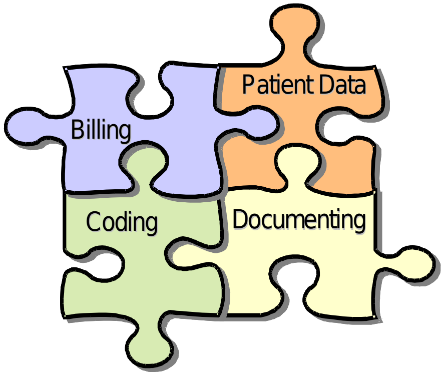
Chapter 3
Medical Services Account



Health Care Billing for IMET, Foreign Military Sales (FMS), North Atlantic Treaty Organization (NATO)

- The MSA Officer shall obtain a copy of the invitational orders for Healthcare Billing for International Military.
- Look to the annual Medical and Dental Rates package for:
  - Charges for health care;
  - Responsibility for payment; and
  - collection and processing of bills

Chapter 3
Medical Services Account

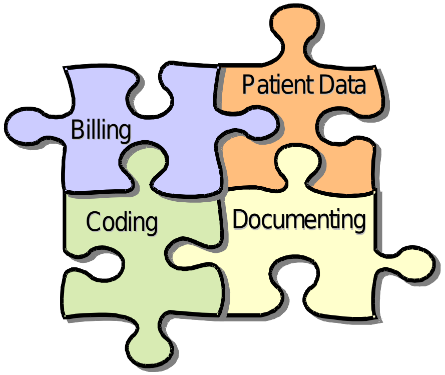


Elective Cosmetic Surgery

- Charge all patients for elective cosmetic surgery rates.
  - The rates are in the medical and dental rates.
- Implants and procedures must comply with FDA Guidelines.
- Patients must sign a letter acknowledging the debt.
  - File a copy of the letter in the MSA office accounts receivable file.

CORE COMPETENCIES

Chapter 3
Medical Services Account


Patient Data
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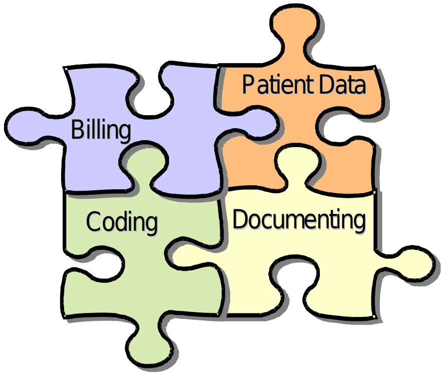
DD Form 1131, Cash Collection Voucher

- This Section has been updated to reflect changes in automated processes within DoD since 1997.

Methods of Settling Outstanding Accounts Receivable

- References to 15-day follow-ups are stricken.

Chapter 3
Medical Services Account

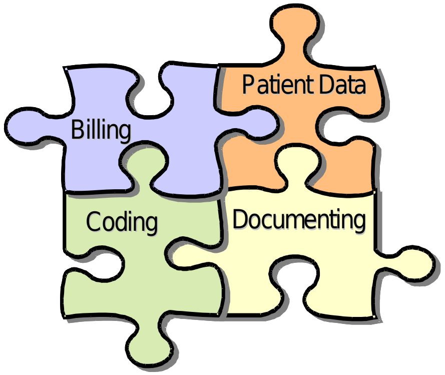


Medical Services Account Reports

- New procedures for completing the Monthly MSA Report (DD Form 1860)
- At the end of each month, make a summary of MSA activity showing billing and collections for reimbursable services and subsistence.
  - The MSA officer shall submit a separate report for the current and prior fiscal years until all prior years' outstanding accounts receivable have been resolved.

CORE COMPETENCIES

Chapter 3
Medical Services Account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Medical Services Account Reports (cont’d.)

- Report the following separate sections by sales code:
  - Subsistence;
  - Medical Services; and
  - Food Service Rate collections.

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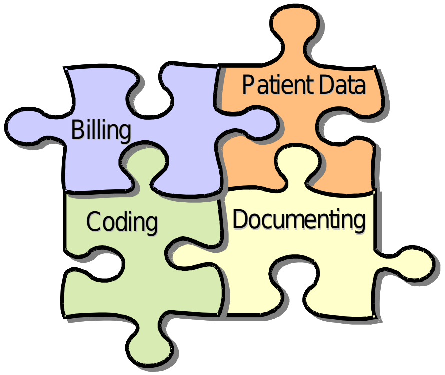
Medical Services Account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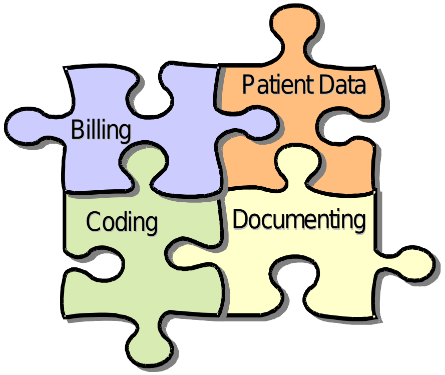
Disposition of Records

- The period of record retention is increased to six (6) years, three (3) months.

CORE COMPETENCIES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Chapter 4

Third Party Collection Program

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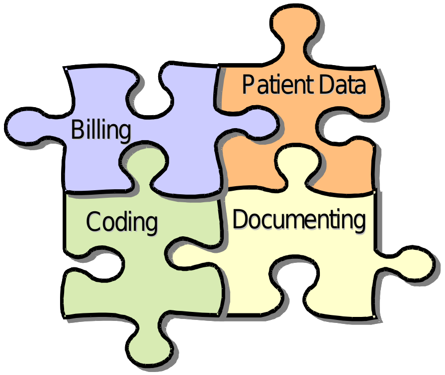
Chapter 4
Third Party Collection Program

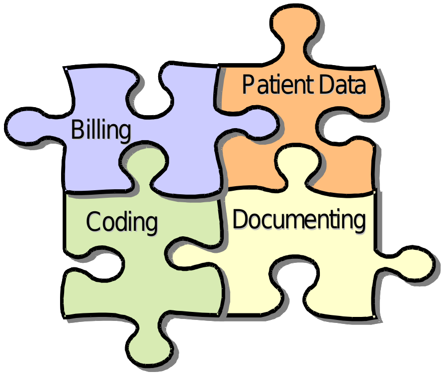


Overall

- Chapter more clearly delineates the elements of an effective TPCP.
  - Examples:
    - Adds requirement for a review of all aspects of the revenue cycle,
      - Was accounts receivable management.
    - Lists the minimum participants in that cycle.
      - A/R mgt, QA/UR, Admissions, etc.

CORE COMPETENCIES

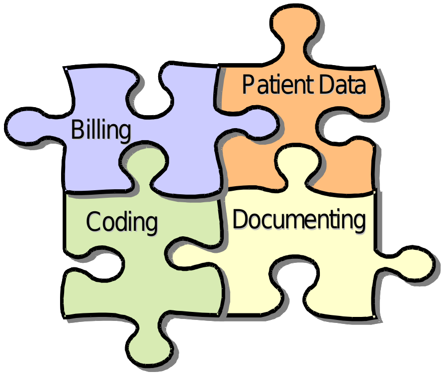
Chapter 4
Third Party Collection Program



Health Care Plans Not Subject to the TPC Program

- Modifies program titles to reflect their accurate legal titles.
  - “TRICARE” and “TRICARE Supplemental Plans” replace “CHAMPUS” and “CHAMPUS Supplemental Plans.”
  - Specifies the plans included in Medicare and Medicaid to preclude billing.

Chapter 4
Third Party Collection Program

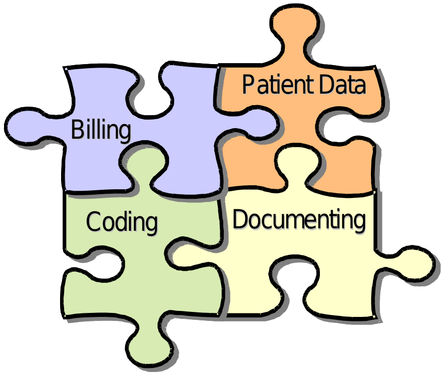


Medical Services Billed

- Updates the list of services that are billable.
  - Observation, APVs, anesthesia
- No longer limits ancillary services billing to those that are high cost ordered by external providers.
  - We will be able to bill internally and externally generated ancillary services, with no minimum threshold.

CORE COMPETENCIES

Chapter 4
Third Party Collection Program



Medical Services Not Billed

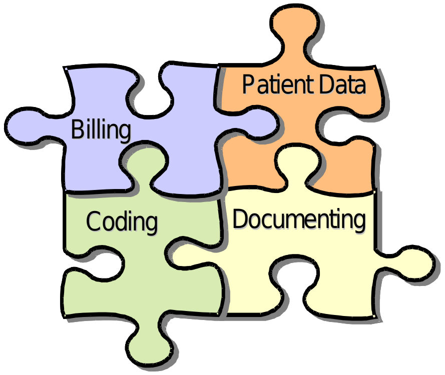
- Adds a requirement to notify TMA about any services for which rates are not established.

Identifying Beneficiaries Who Have Other Health Insurance (OHI)

- Enhanced instructions to obtain adequate information to bill a third-party payer.
  - Refers reader to Chapter 5 (MAC) for further guidance when injury is accident or work-related.
  - Adds instructions to obtain the employer of a patient’s parents if that patient is an unemancipated minor.

CORE COMPETENCIES

Chapter 4
Third Party Collection Program


Patient Data
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Billing Activities

- Updated to reflect changes due to transition to OIB.
- Updates forms used for billing.
  - CMS 1500 replaces HCFA 1500

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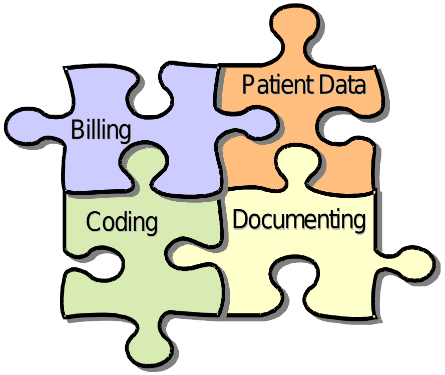
Third Party Collection Program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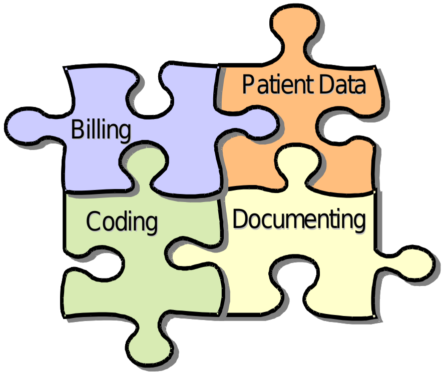
Authorization to Release Medical Information in Support of TPC

- Revised to reflect implementation of the HIPAA Privacy Rule.
  - Release only the minimum necessary information to private insurers.

Chapter 4
Third Party Collection Program



Collection Activities

- Removes 30-day follow-up requirement.
  - Adds a 90-day follow-up requirement.
- Adds guidance on collection of interest payments.
  - Payment plus interest cannot exceed billed amount, etc.
- Specifies TPC claims files shall be maintained for at least 6 years, 3 months.

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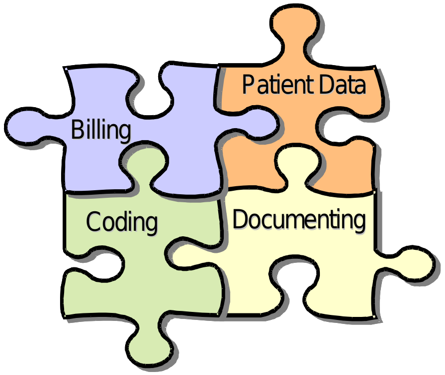
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TPC Program Annual Report

- Includes additional specifications for the TPCP Annual Report to TMA.
  - Amount billed/collected, etc.

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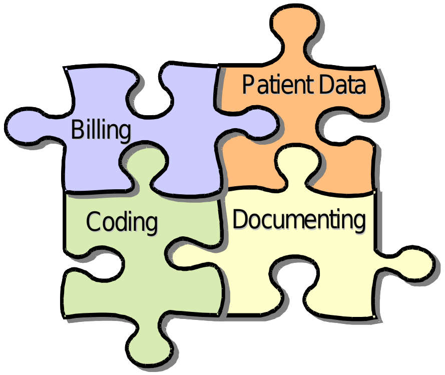
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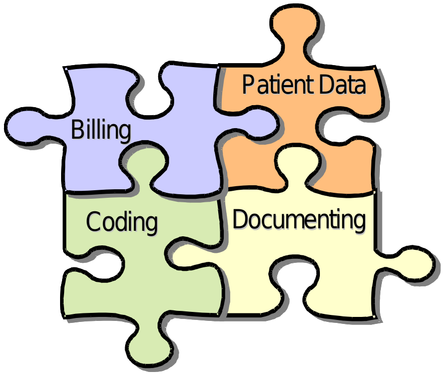
Chapter 5
Medical Affirmative Claims

Chapter 5
Medical Affirmative Claims



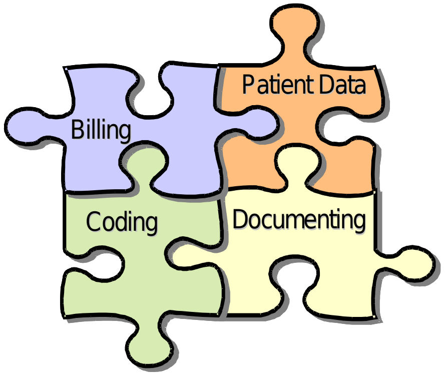
General

- "Contractually-based insurance" replaces "tort-based insurance."
  - Deposits are made to the MTF O&M account
    - Authorized by federal law.

Recovery Judge Advocate

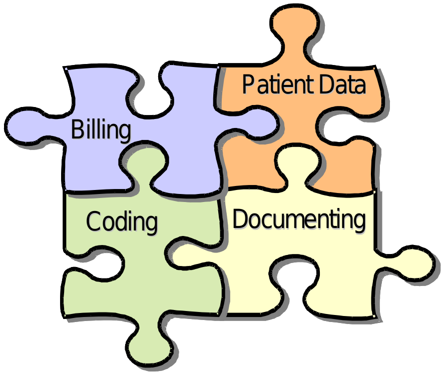
- Expands Recovery Judge Advocate responsibilities
  - Example: Contact TRICARE Claims processor to ensure all Government expenses are included in claim assertion.

Chapter 5
Medical Affirmative Claims



MTF Responsibilities

- Expands procedures and documents to be used to identify and support potential MAC claims.
  - Example: Use existing TPC Program procedures and documents to the greatest extent possible to identify potential MAC claims and provide applicable accident and injury information.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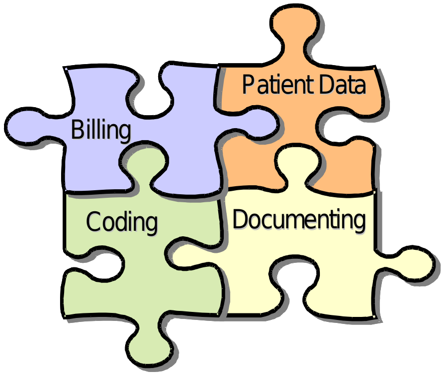
Chapter 6

Charges for Medical Services

Chapter 6
Charges for Medical Services


Patient Data
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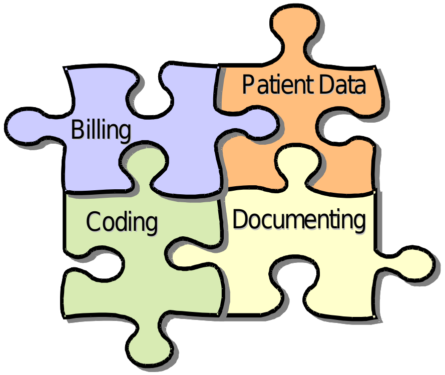
Policy

- Offers more statutory authority.
- Inpatient charges are DRG-based rates.
- Adds outpatient itemized billing.
- TRICARE Resource Sharing Agreement.
    - Bill third party the same as any similar service.

CORE COMPETENCIES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Chapter 6
Charges for Medical Services

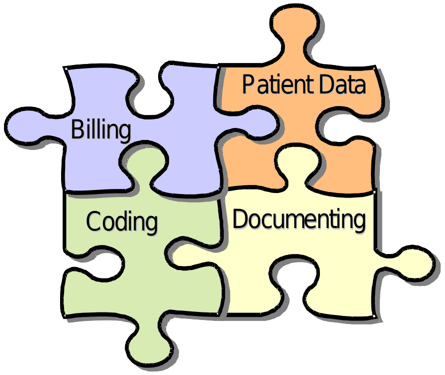
Inpatient Rates

- Newborn Charge updates

Outpatient Itemized Billing

- Replaces the old outpatient billing with the changes due to outpatient itemized billing

Chapter 6
Charges for Medical Services

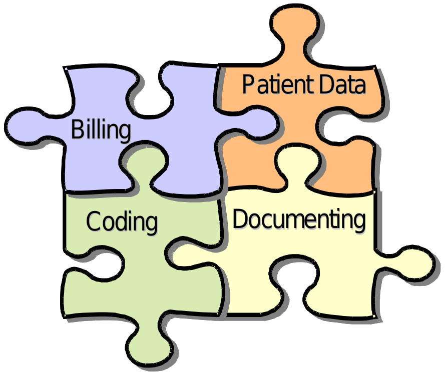


Overseas Outpatient Charges

- Can bill non-beneficiaries OHI.
- Alert CO if there is no established rate to forward to TMA.
- Prescription refills and\or renewals when consultation or evaluation by a healthcare provider is not required.
  - NO LONGER AT NO CHARGE.

CORE COMPETENCIES

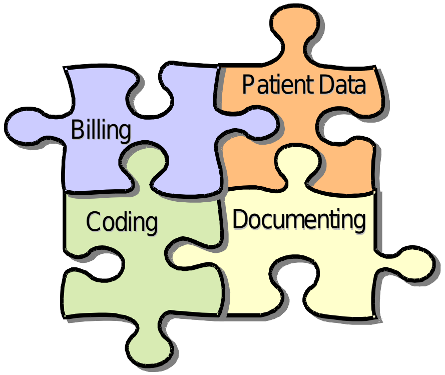
Chapter 6
Charges for Medical Services


Patient Data
Billing
Coding
Documenting

Appropriated and Non-Appropriated Employees

- Put in own section.
- List the services for which there are no charges for these individuals.

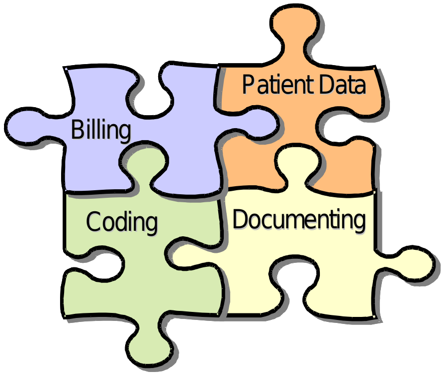
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Chapter 7
Subsistence Charges

CORE COMPETENCIES

Chapter 7
Subsistence Charges


Patient Data
Billing
Coding
Documenting

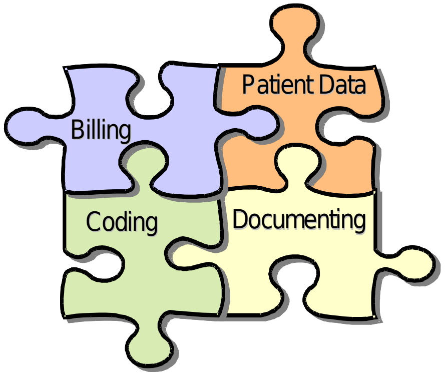
Policy

- Implements NDAA FY05 changes.
- AD and retirees do not pay subsistence charges.

Subsistence Charges

- Purpose and what is included in Subsistence charges.

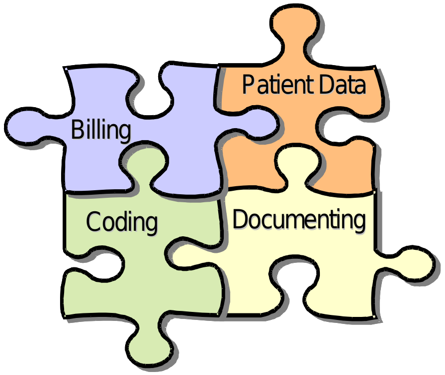
Chapter 7
Subsistence Charges



Collection and Disposition of Subsistence Charges

- Funds collected/deposited locally.
- MSA office attempt collection at time of discharge.
- Date of billing = date of discharge.
- If charges not paid in 30 days, MSA office will follow up with delinquent letter.

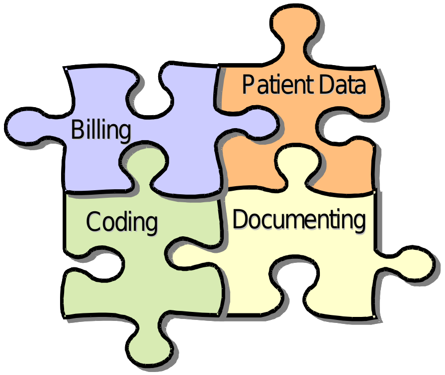
Chapter 7
Subsistence Charges



Collection and Disposition of Subsistence Charges (continued)

- No charges to transient patients.
- For Military Academies, MSA office will submit DD form 139 to appropriate service.
- MSA office collects monies from trustees/sponsors for mentally incompetent patients.

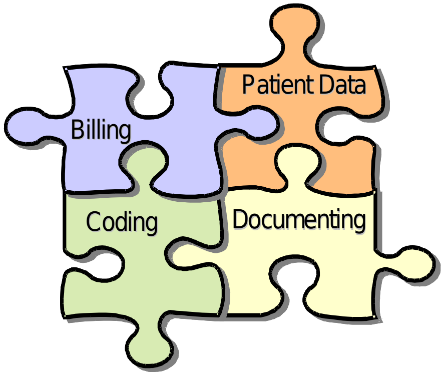
Chapter 7
Subsistence Charges



Discount Rate

- Changes “Exemption from charges” to “Discount rate”
- Per the FMR, the MSA officer must charge a discount rate to the following:
  - Spouses/Dependents of enlisted personnel in grades E-1 through E-4 who are not patients.
  - Members of non-profit youth groups are permitted to eat in dining halls.
    - e.g. Civil Air Patrol, Junior Reserve Officer Training Corps and Scouting units.

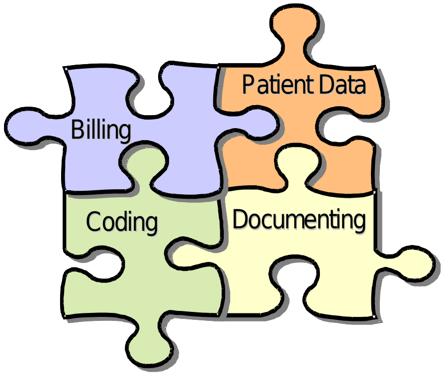
Chapter 7
Subsistence Charges



Discount Rate (continued)

- Officers, enlisted members and civilian employees who are not receiving the meal portion of per diem and are:
  - Performing duty on Government vessel
  - On field duty
  - In a group travel status
  - Included in essential unit measuring (EUM) as defined in Joint Federal Travel Regulation

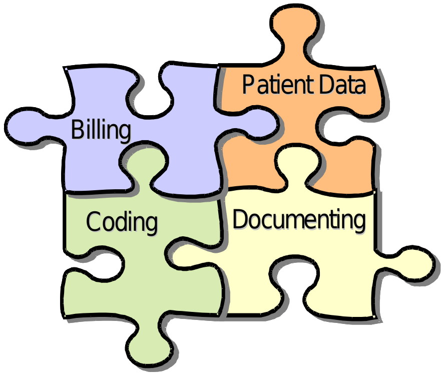
Chapter 7
Subsistence Charges



Discount Rate (continued)

- Officers, enlisted members and Federal employees who are not receiving the meal portion of per diem and are on a US government aircraft on official duty as a passenger or crew member engaged in flight operations.
  - Or they are involved on Joint Task Force operations other than training at temporary US installations or using temporary dining facilities.

Chapter 7
Subsistence Charges

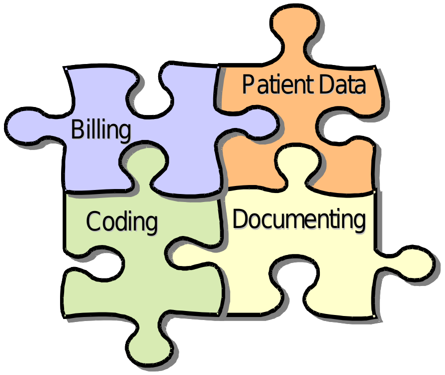


Standard Rate

- Per FMR, MSA Officer must charge the standard rate for meals served to all officers, enlisted members and Federal civilian employees receiving an allowance for subsistence, who are authorized to eat in DoD appropriated fund dining facilities.
  - This includes Reserve Component officers on Inactive Duty Training.

CORE COMPETENCIES

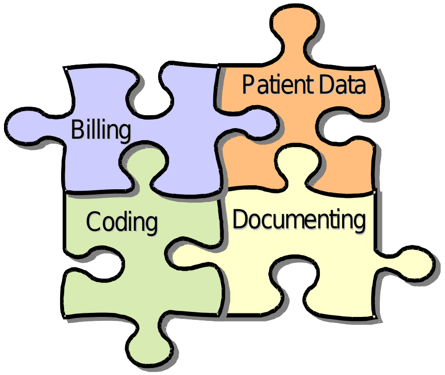
Summary


Patient Data
Billing
Coding
Documenting

- Understand the reasons for revisions.
- Recognize the changes to the 1997 manual, highlighting key changes.
- Begin to expect new Manual release.

CORE COMPETENCIES

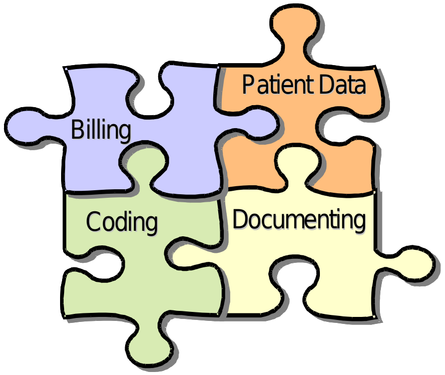
Questions?


Patient Data
Billing
Coding
Documenting

Contact Us

- SMSgt DeLisa Prater, AF UBO Program Manager
  - 703-681-6627 – delisa.prater@pentagon.af.mil
- Mr. Douglas Ashby, Army UBO Program Manager
  - 210-221-7840 – Doug.Ashby@amedd.army.mil
- Ms. Elizabeth Coke, Navy UBO Program Manager
  - 202-762-3572 – eacoke@us.med.navy.mil
- Ms. Robbi-Lynn Watnik, Esq., UBO Support Contractor
  - 703-575-1679 – Robbi-Lynn.Watnik@altarum.org

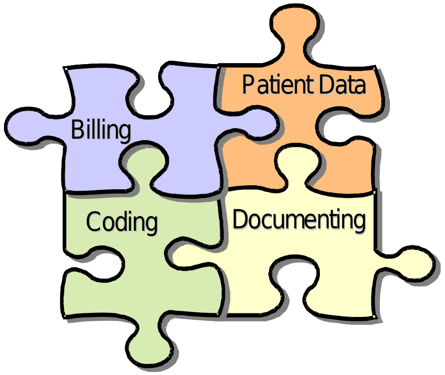
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Patient Valuables

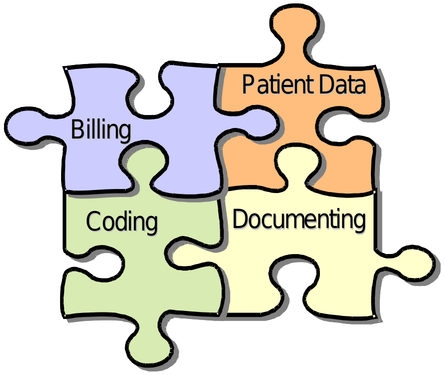
TSgt Tameka Holden
17 May 2005
Track 7, MSA Workshop

Objectives


Patient Data
Billing
Coding
Documenting

- Valuables
- MSA Office / Custodian's Responsibilities
- Inspections
- Patient Valuables Tracking / Documentation
- Loss of Patient Valuables

CORE COMPETENCIES

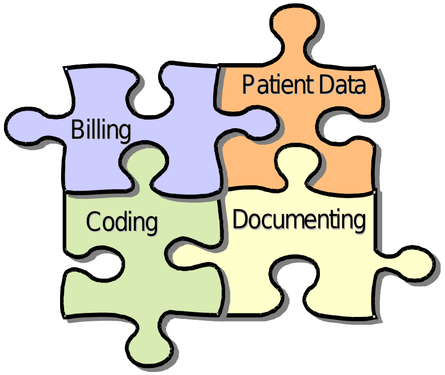

Patient Data
Billing
Coding
Documenting

Patient Valuables

- Cash
- Jewerly
- ID
- Credit Cards

CORE COMPETENCIES

Medical Services Accounts Office

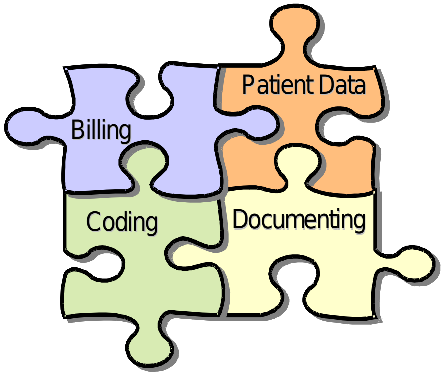

Patient Data
Billing
Coding
Documenting

- Stores and safeguards personal valuables
- Provides adequate facilities for storage
- No check cashing or loans
- No personal firearms, knives, or objects considered a menace to safety

*Contact Security Forces for assistance with weapons and drugs

CORE COMPETENCIES

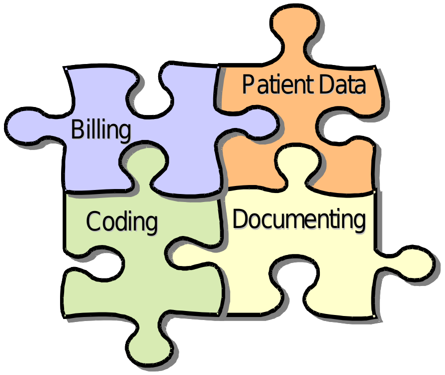
Patient Valuables Custodian


Billing
Patient Data
Coding
Documenting

- Designated in writing by MTF Commander
- Maintains records and protect valuables
- NOT restricted to rank

*Authority/responsibility for patient valuables belongs to the MTF CC

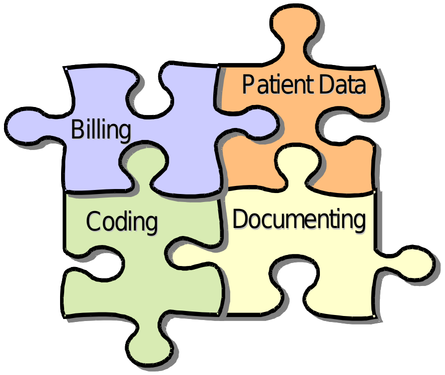
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Inspections

- Monthly
- Disinterested officer, NCO, or civilian equivalent
- Audits or checks patient valuables, records, and forms

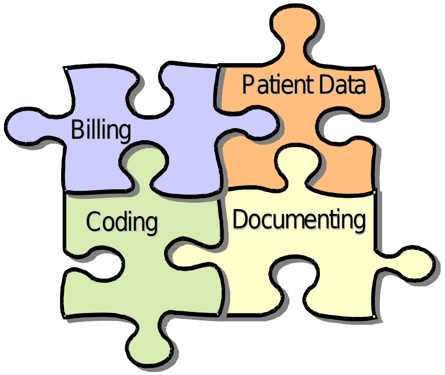
CORE COMPETENCIES


Patient Data
Billing
Coding
Documenting

Patient Valuables Envelope

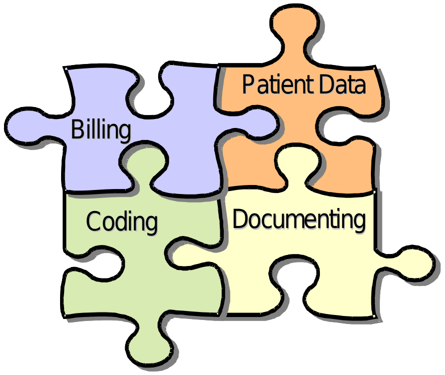
- Top Portion: Patient identifying data
- Middle Portion: Record of monetary transactions
- Bottom Portion: Transactions for valuables

Patient Valuables Envelope


Patient Data
Billing
Coding
Documenting

- AF Form 1052
- Storage & Record of Valuables
- Numbered Consecutively & Recorded in a Log
- Description of item(s)

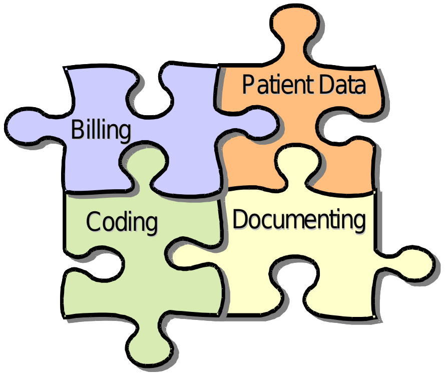
Patient's Effects Storage Tag


Billing
Patient Data
Coding
Documenting

- DD Form 599
- Used for storing large items
- Detachable receipt must be given to patient for item received
- Used in the field for tagging weapons

*Every time a DD Form 599 is used, you have to also use a AF Form 1052

CORE COMPETENCIES

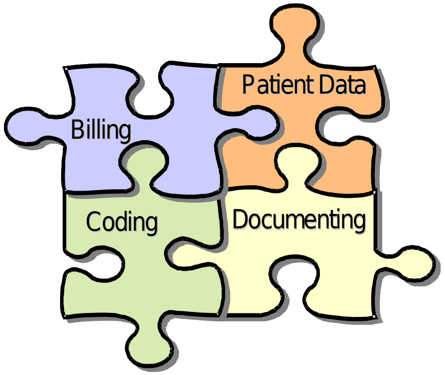

Patient Data
Billing
Coding
Documenting

Record of Patients Storing Valuables

- AF Form 1053
- Log of each patient who has deposited valuables

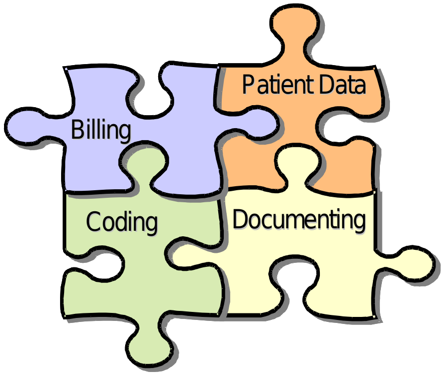
CORE COMPETENCIES

Loss of Patient Valuables


Patient Data
Billing
Coding
Documenting

- Report to MTF CC
- How loss was discovered and other facts concerning the loss
- Patient may file a claim for compensation at Staff Judge Advocate (SJA) or Judge Advocate General (JAG)

CORE COMPETENCIES

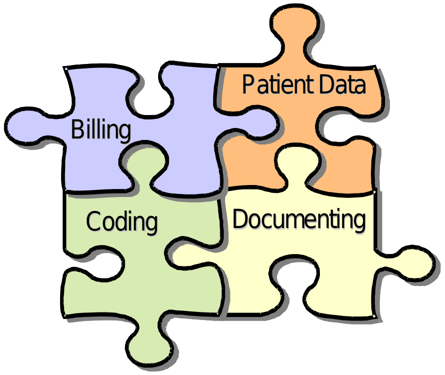

Patient Data
Billing
Coding
Documenting

Questions

DoD Manual 6010.15, Chapter 3

TSgt Tameka Holden
NCOIC, Resource Management Operations
AFMSA/SGSR
703-681-6303 (DSN 761)
E-MAIL: Tameka.Holden@pentagon.af.mil

CORE COMPETENCIES

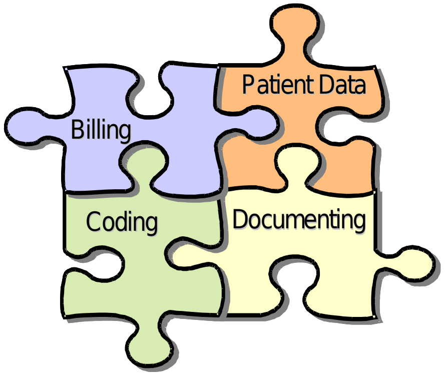

Patient Data
Billing
Coding
Documenting

Patient Category Codes (PATCATs) – What You Don’t Know Can Hurt You!

Mr. Russ Coleman, MHA, CHE
17 May 2005
Track 4, UBO Advanced - Track 7 MSA Workshop

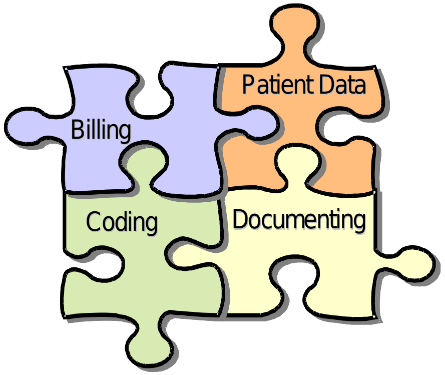
CORE COMPETENCIES

Objectives


Patient Data
Billing
Coding
Documenting

- Know the purpose of Patient Categories (PATCATs)
- Understand why PATCATs are important Know how PATCAT codes are structured/assigned
- Be able to identify common…and not-so-common…PATCATs
- Know where to obtain get help with PATCATs
- Understand coming changes in PATCATs

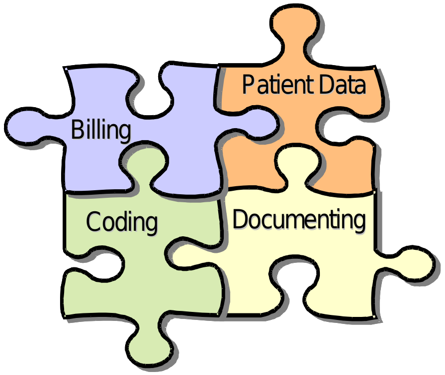
Background: Purpose of PATCATs

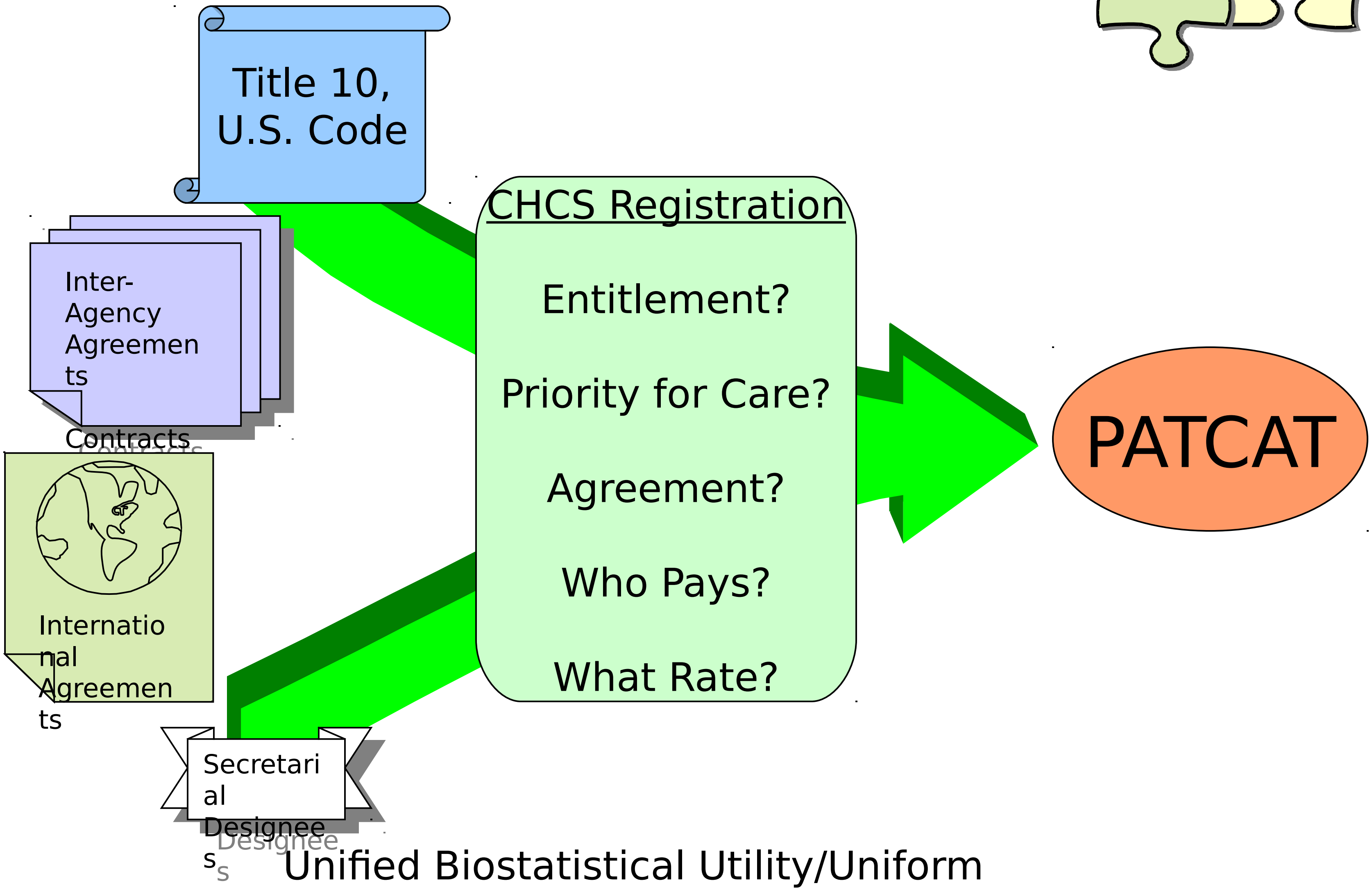


- PATCAT Codes are closely linked to entitlements under the Uniformed Services Health Benefits Program (USHBP)
- They allow identification and grouping of patients by ‘types’ of interest
  - Sponsor Service
  - Beneficiary Category
  - Special Interest patient groups
- PATCATs are directly linked to UBO Billing
  - Rate to charge and method of billing

CORE COMPETENCIES

Background: The Making of PATCATs


Patient Data
Billing
Coding
Documenting



Title 10, U.S. Code

Inter-Agency Agreements

Contracts
Contracts

International Agreements

Secretarial Designees
Designees

CHCS Registration

Entitlement?

Priority for Care?

Agreement?

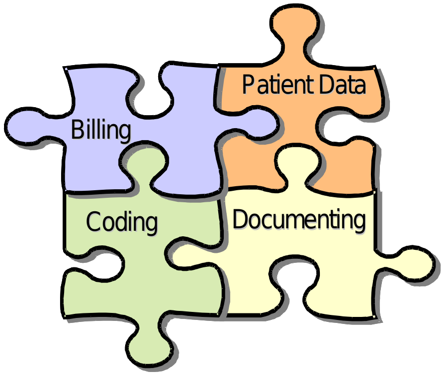
Who Pays?

What Rate?

PATCAT

CORE COMPETENCIES

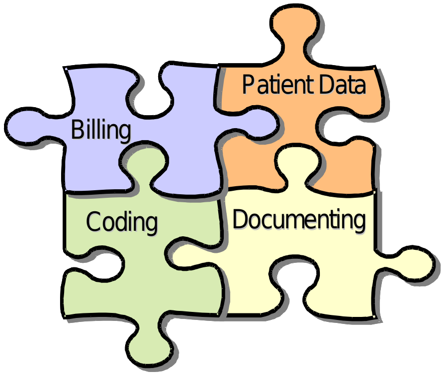
Operationally, Who Has An Interest PATCATs?


Patient Data
Billing
Coding
Documenting

- Personnel Community (DEERS)
- Patient Administration
- UBO/Medical Services Account
- Management at all levels
- Data Analysts

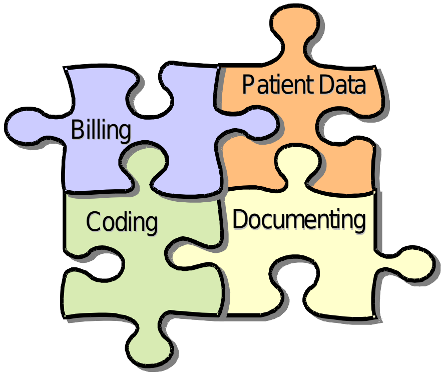
CORE COMPETENCIES

What Is Affected By PATCATs?



- Many CHCS functions, and downstream systems rely on PATCATs
  - Patient classification by Beneficiary Category
  - Admission & Disposition Reports
  - Patient Record Extracts (SADR, SIDR, HL7)
  - Workload reports (MEPRS, WWR)
- Bad PATCATs = Poor Data Quality = Rework, Lost Money, Bad Decisions

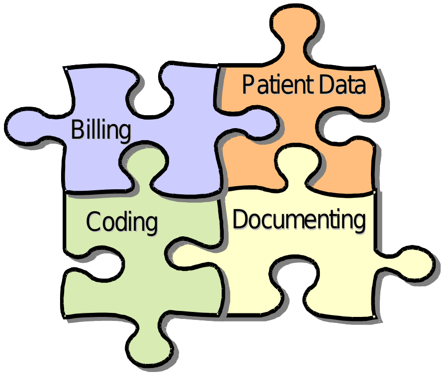
How Are You Hurt in UBO By “Bad” PATCAT Data?

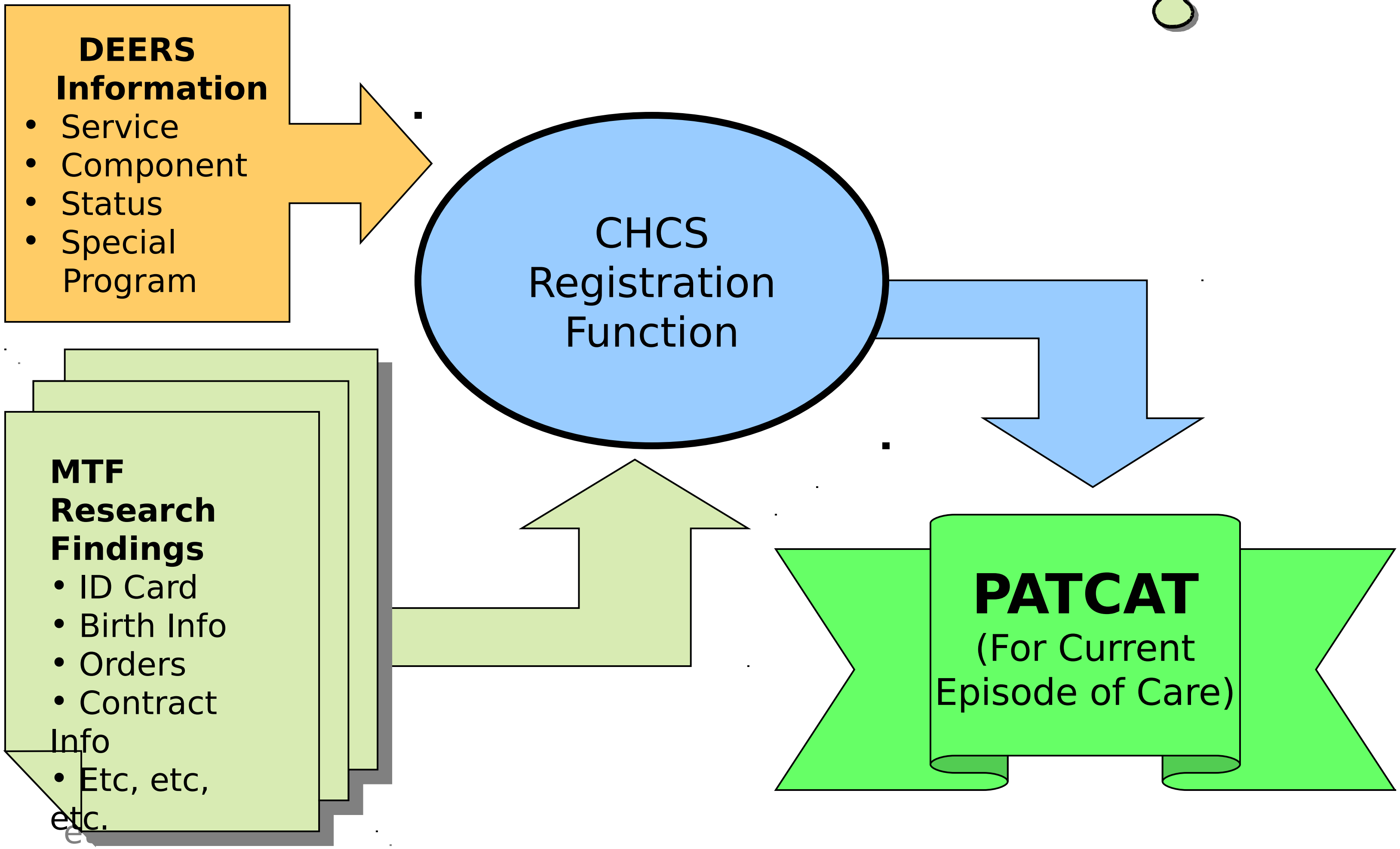

Patient Data
Billing
Coding
Documenting

- For UBO, bad PATCATs can cause many problems and much rework:
  - Not billing when you should
  - Billing when you should not
  - Billing at the wrong rate
  - Billing to the wrong source
  - Billing using the wrong forms

CORE COMPETENCIES

PATCAT Assignment Data and Process


Patient Data
Billing
Coding
Documenting



DEERS Information
- Service
- Component
- Status
- Special Program

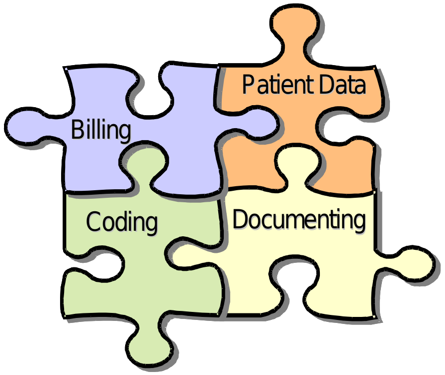
MTF Research Findings
- ID Card
- Birth Info
- Orders
- Contract Info
- Etc, etc, etc.

CHCS Registration Function

PATCAT
(For Current Episode of Care)

CORE COMPETENCIES

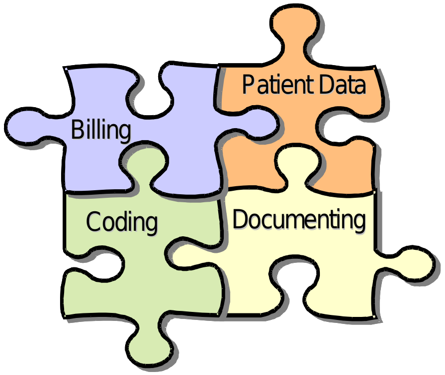
Patient Category Assignments Can Change Over Time


Patient Data
Billing
Coding
Documenting

- Active Duty → Retired
  - Change in billing for the Sponsor
- Inactive Reserve ↔ Active Duty
  - Change in billing for family members
- Active Duty → TAMP
  - Change in billing for Sponsor
- TAMP → TRICARE Reserve Select
  - Change in billing for Sponsor

CORE COMPETENCIES

Getting Additional PATCAT Information in CHCS



PATCAT Description Field

The description field in this Patient Category Billing Table is limited to 24 characters/spaces, so in some cases the description field is cut short.

Example is A12:

```
A12  USA AD RES-30 DAYS OR LE   FRR   NC     FOR    NC
```

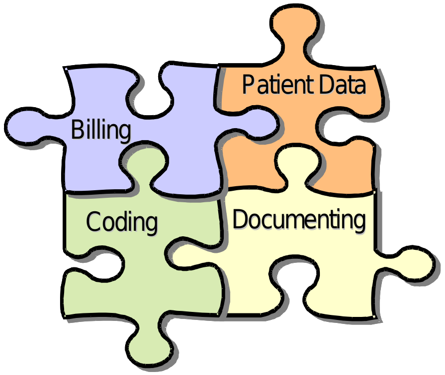
To find out what the complete description field is, you can use the MSA function:

FIM/Inquire to File Entries.

NOTE: If you do not have access to this option it is because a security key locks the function: DIOUT. Ask your CHCS site Help Desk or system staff if you can have this security key assigned to you.

CORE COMPETENCIES

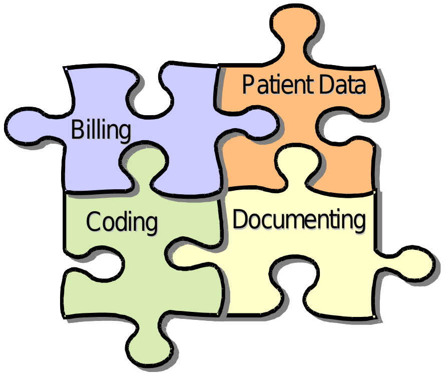
Using the CHCS "FIM Inquire" Option Get More PATCAT Information



Menu Path: MSA->FIM->Patient Category:
Select Core Application Drivers Menu Option**: MSA**
Select MSA System Menu Option: **FIM Inquire to File Entries**
Output from what file: **PATIENT CATEGORY {enter Patient Category and press the enter key}**
Select PATIENT CATEGORY NAME: **A12 {enter the Code you want and press the enter key}**
1 A12 USA AD RES ENLISTED A12
2 A12 USA AD RES OFFICER A12
3 A12 USA AD RES-30 DAYS OR LESS, NOT LOD A12
Choose 1-3: **3 {choose the correct category and press the enter key, you will notice that the complete description is shown here also}**
Another one: **{make another Category selection, or just press the enter key}**
Standard CAPTIONED output? YES// **{press the enter key}**

Our selection

CORE COMPETENCIES



Result of Inquiry for PATCAT Code A12

The result of our query:

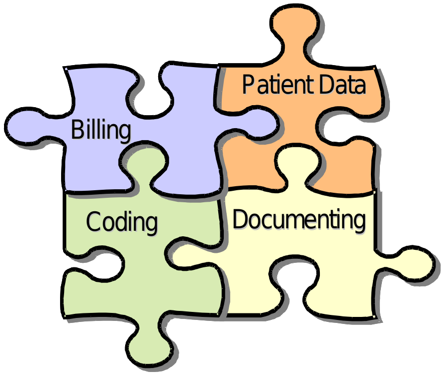
PATCAT Code A12 B

NAME : **USA AD RES-30 DAYS OR LESS, NOT LOD** **CODE**: A12
A&D LIST CATEGORY: ACTIVE DUTY **SPONSOR**: YES **FAMILY MEMBER**: NO
CIVILIAN EMERGENCY: NO **DECEASED SPON**: NO
PROHIBIT DEERS ELIG TRANS: NO **PAT CAT SUMMARY**: ACTIVE DUTY
THIRD LEVEL DESCRIPTION: USA AD RES **SHORT DESCRIPTION**: USA AD RES <30 D
SUB CATEGORY: B
IPNT INDIVIDUAL SALES CD: **FRR** **IPNT AGENCY RATE**: **NC**
OPNT INDIVIDUAL SALES CD: **FOR** **OPNT AGENCY RATE**: **NC**
STATUS OF PATIENT: ACTIVE DUTY
ACTIVATION/INACTIVATION DATE: 14 Dec 1995 **ACTIVE/INACTIVE STATUS**: ACTIVE

Charge/Sales Codes

NOTE: These columns are not in the PATCAT Table spreadsheet file

Sample CHCS Display of PATCAT Code Information



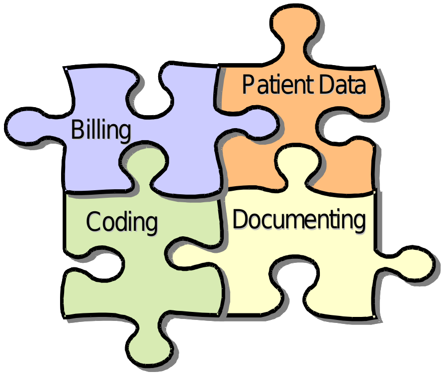
MSA->MSR->PCT/Patient Category Billing Table
Sample list of some codes

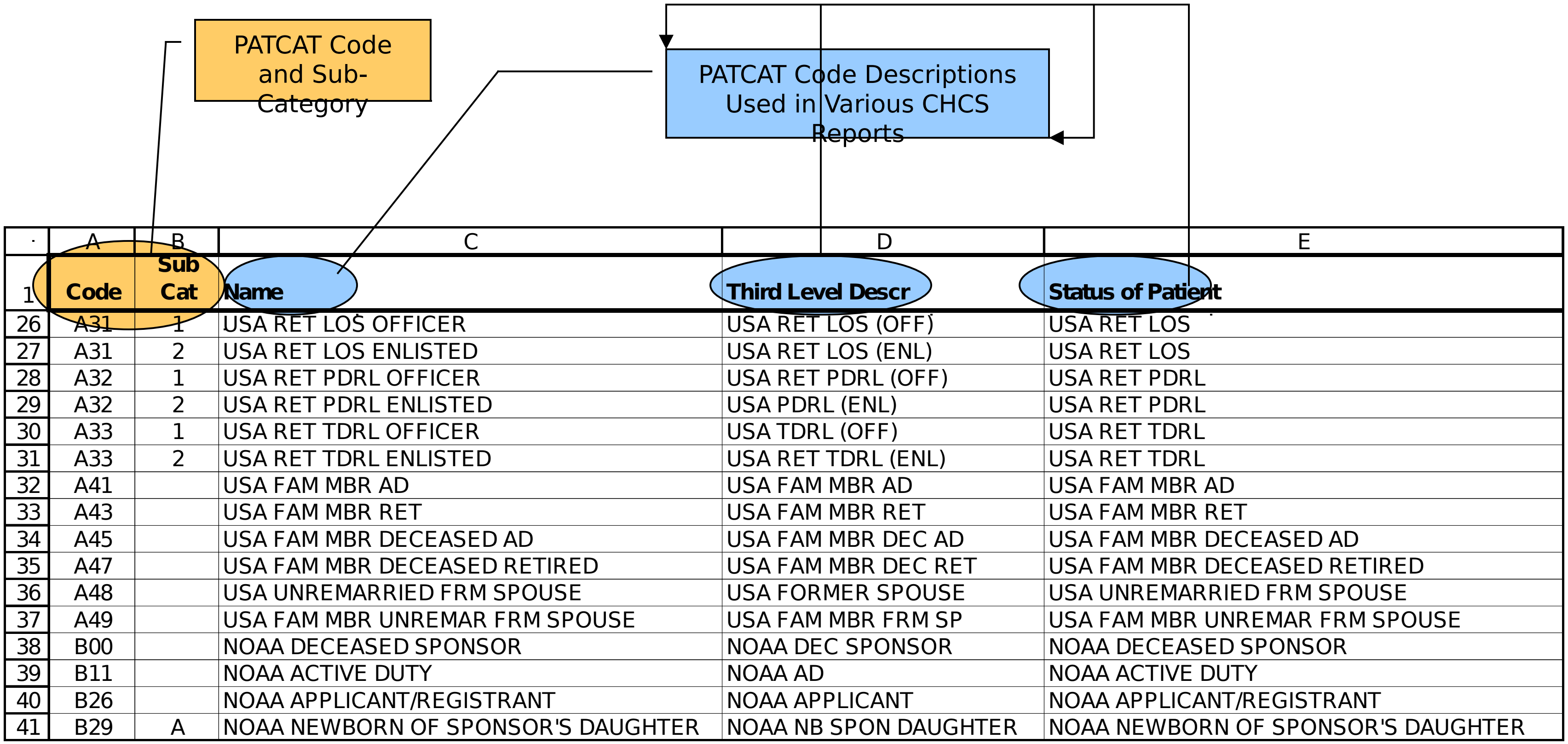
MALCOLM GROW MED CEN ANDREWS AFB MD (AMC)   11 Apr 2005 0907   Page 1
*** * * PATIENT CATEGORY BILLING TABLE * * ***

Code	Description	Inpatient Ind	Inpatient Agy	Outpatient Ind	Outpatient Agy	Pay Mode	~~Enl Allow 1080 DD139~~
A11	USA ACTIVE DUTY ENLISTED	SR	NC	NC	NC	ENL1080/DD139	
A11	USA ACTIVE DUTY OFFICER	SR	NC	NC	NC	DD139	
A12	USA AD RES ENLISTED	SR	NC	NC	NC	ENL1080/DD139	
A12	USA AD RES OFFICER	SR	NC	NC	NC	DD139	
A12	USA AD RES-30 DAYS OR LE	FRR	NC	FOR	NC		
A13	USA AD RECRUIT	NC	SR	NC	NC	DD7/DD7A	
A14	USMA CADET	NC	SR	NC	NC	DD7/DD7A	
A15	USA NG ENLISTED	SR	NC	NC	NC	ENL1080/DD139	
A15	USA NG OFFICER	SR	NC	NC	NC	DD139	
A15	USA NG-30 DAYS OR LESS,	FRR	NC	FOR	NC		
A21	USA ROTC	SR	NC	NC	NC	DD139	
B11	NOAA ACTIVE DUTY	NC	IAR	NC	IOR	DD7/DD7A	
C11	USCG ACTIVE DUTY	NC	IAR	NC	IOR	DD7/DD7A	

NOTE: SR is no longer billed for selected PATCATs

What’s in the PATCAT Table? – Part 1



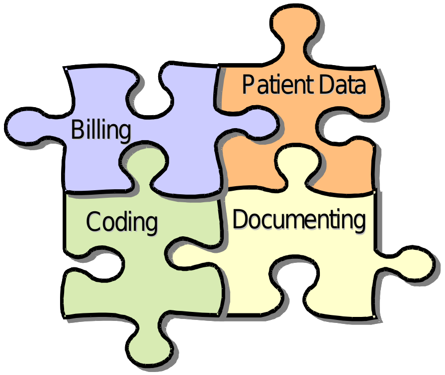


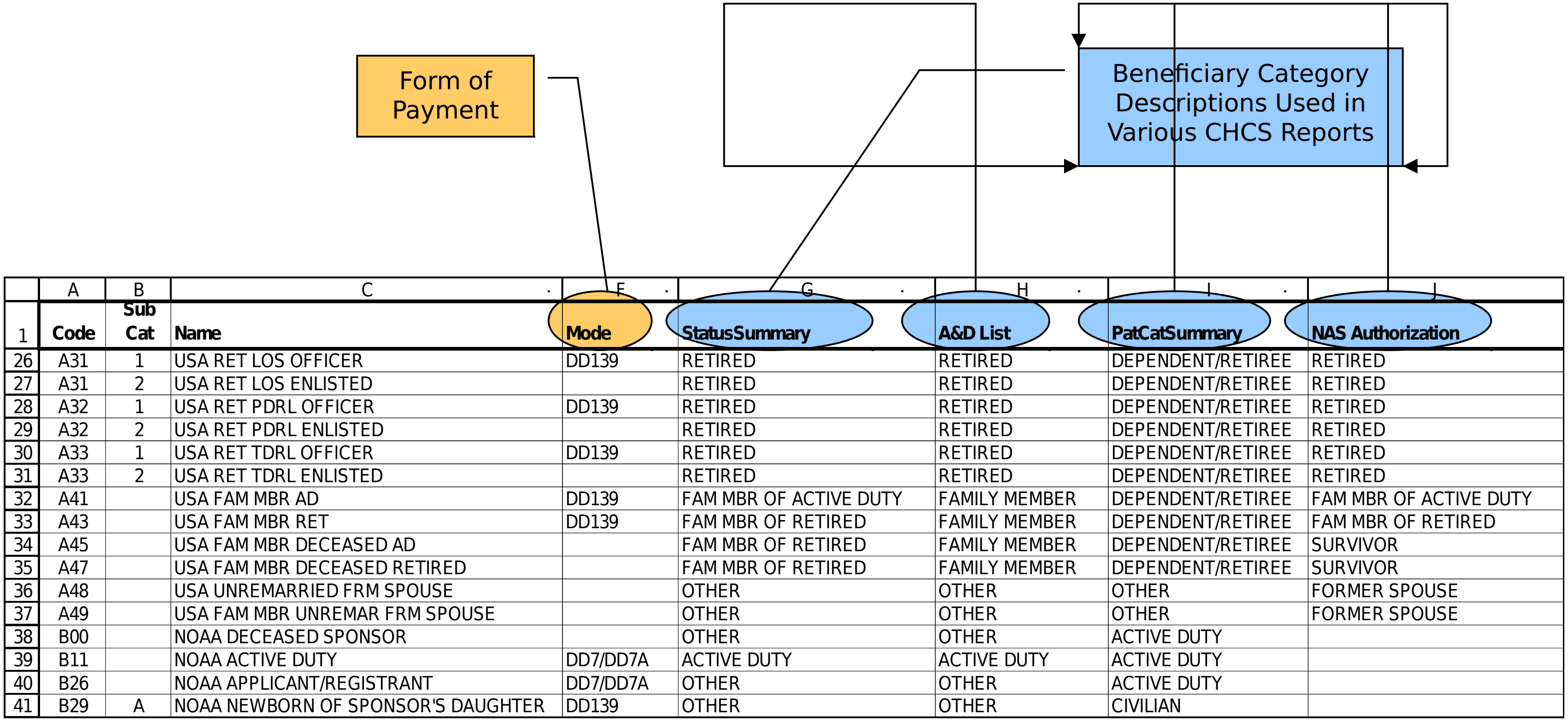
PATCAT Code and Sub-Category

PATCAT Code Descriptions Used in Various CHCS Reports

·	A	B	C	D	E
1	**Code**	**Sub Cat**	**Name**	**Third Level Descr**	**Status of Patient**
26	A31	1	USA RET LOS OFFICER	USA RET LOS (OFF)	USA RET LOS
27	A31	2	USA RET LOS ENLISTED	USA RET LOS (ENL)	USA RET LOS
28	A32	1	USA RET PDRL OFFICER	USA RET PDRL (OFF)	USA RET PDRL
29	A32	2	USA RET PDRL ENLISTED	USA PDRL (ENL)	USA RET PDRL
30	A33	1	USA RET TDRL OFFICER	USA TDRL (OFF)	USA RET TDRL
31	A33	2	USA RET TDRL ENLISTED	USA RET TDRL (ENL)	USA RET TDRL
32	A41		USA FAM MBR AD	USA FAM MBR AD	USA FAM MBR AD
33	A43		USA FAM MBR RET	USA FAM MBR RET	USA FAM MBR RET
34	A45		USA FAM MBR DECEASED AD	USA FAM MBR DEC AD	USA FAM MBR DECEASED AD
35	A47		USA FAM MBR DECEASED RETIRED	USA FAM MBR DEC RET	USA FAM MBR DECEASED RETIRED
36	A48		USA UNREMARRIED FRM SPOUSE	USA FORMER SPOUSE	USA UNREMARRIED FRM SPOUSE
37	A49		USA FAM MBR UNREMAR FRM SPOUSE	USA FAM MBR FRM SP	USA FAM MBR UNREMAR FRM SPOUSE
38	B00		NOAA DECEASED SPONSOR	NOAA DEC SPONSOR	NOAA DECEASED SPONSOR
39	B11		NOAA ACTIVE DUTY	NOAA AD	NOAA ACTIVE DUTY
40	B26		NOAA APPLICANT/REGISTRANT	NOAA APPLICANT	NOAA APPLICANT/REGISTRANT
41	B29	A	NOAA NEWBORN OF SPONSOR'S DAUGHTER	NOAA NB SPON DAUGHTER	NOAA NEWBORN OF SPONSOR'S DAUGHTER

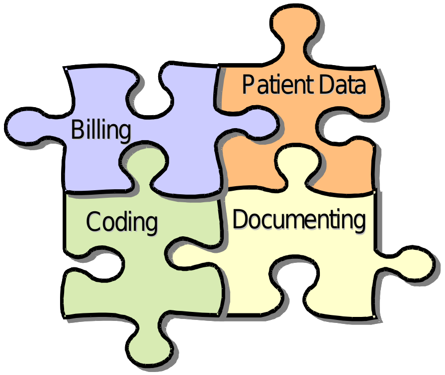
What's in the PATCAT Table? – Part 2




Form of Payment
Beneficiary Category Descriptions Used in Various CHCS Reports

	A	B	C	F	G	H	I	J
1	**Code**	**Sub Cat**	**Name**	**Mode**	**StatusSummary**	**A&D List**	**PatCatSummary**	**NAS Authorization**
26	A31	1	USA RET LOS OFFICER	DD139	RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
27	A31	2	USA RET LOS ENLISTED		RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
28	A32	1	USA RET PDRL OFFICER	DD139	RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
29	A32	2	USA RET PDRL ENLISTED		RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
30	A33	1	USA RET TDRL OFFICER	DD139	RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
31	A33	2	USA RET TDRL ENLISTED		RETIRED	RETIRED	DEPENDENT/RETIREE	RETIRED
32	A41		USA FAM MBR AD	DD139	FAM MBR OF ACTIVE DUTY	FAMILY MEMBER	DEPENDENT/RETIREE	FAM MBR OF ACTIVE DUTY
33	A43		USA FAM MBR RET	DD139	FAM MBR OF RETIRED	FAMILY MEMBER	DEPENDENT/RETIREE	FAM MBR OF RETIRED
34	A45		USA FAM MBR DECEASED AD		FAM MBR OF RETIRED	FAMILY MEMBER	DEPENDENT/RETIREE	SURVIVOR
35	A47		USA FAM MBR DECEASED RETIRED		FAM MBR OF RETIRED	FAMILY MEMBER	DEPENDENT/RETIREE	SURVIVOR
36	A48		USA UNREMARRIED FRM SPOUSE		OTHER	OTHER	OTHER	FORMER SPOUSE
37	A49		USA FAM MBR UNREMAR FRM SPOUSE		OTHER	OTHER	OTHER	FORMER SPOUSE
38	B00		NOAA DECEASED SPONSOR		OTHER	OTHER	ACTIVE DUTY	
39	B11		NOAA ACTIVE DUTY	DD7/DD7A	ACTIVE DUTY	ACTIVE DUTY	ACTIVE DUTY	
40	B26		NOAA APPLICANT/REGISTRANT	DD7/DD7A	OTHER	OTHER	ACTIVE DUTY	
41	B29	A	NOAA NEWBORN OF SPONSOR'S DAUGHTER	DD139	OTHER	OTHER	CIVILIAN	

What’s in the PATCAT Table? – Part 3



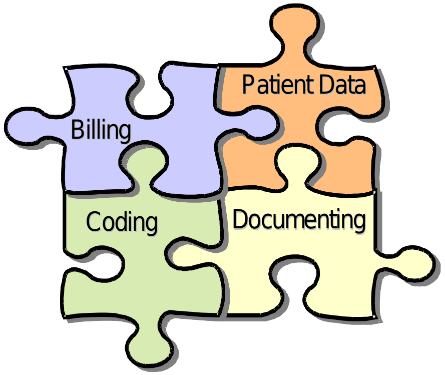
Inpatient Rate Info: Individual or Agency and Type of Rate

Outpatient Rate Info: Individual or Agency and Type of Rate

	A	B	C	K	L	M	N
1	**Code**	**Sub Cat**	**Name**	**Ipnt Indiv**	**Ipnt Agency**	**Opnt Indiv**	**Opnt Agency**
26	A31	1	USA RET LOS OFFICER	SR	NC	NC	NC
27	A31	2	USA RET LOS ENLISTED	NC	NC	NC	NC
28	A32	1	USA RET PDRL OFFICER	SR	NC	NC	NC
29	A32	2	USA RET PDRL ENLISTED	NC	NC	NC	NC
30	A33	1	USA RET TDRL OFFICER	SR	NC	NC	NC
31	A33	2	USA RET TDRL ENLISTED	NC	NC	NC	NC
32	A41		USA FAM MBR AD	FMR	NC	NC	NC
33	A43		USA FAM MBR RET	FMR	NC	NC	NC
34	A45		USA FAM MBR DECEASED AD	FMR	NC	NC	NC
35	A47		USA FAM MBR DECEASED RETIRED	FMR	NC	NC	NC
36	A48		USA UNREMARRIED FRM SPOUSE	FMR	NC	NC	NC
37	A49		USA FAM MBR UNREMAR FRM SPOUSE	FMR	NC	NC	NC
38	B00		NOAA DECEASED SPONSOR	NC	NC	NC	NC
39	B11		NOAA ACTIVE DUTY	NC	IAR	NC	IOR
40	B26		NOAA APPLICANT/REGISTRANT	NC	IAR	NC	IOR
41	B29	A	NOAA NEWBORN OF SPONSOR'S DAUGHTER	FMR	NC	NC	NC

NOTE: SR no longer charged for AD Officers

What’s in the PATCAT Table? – Part 4

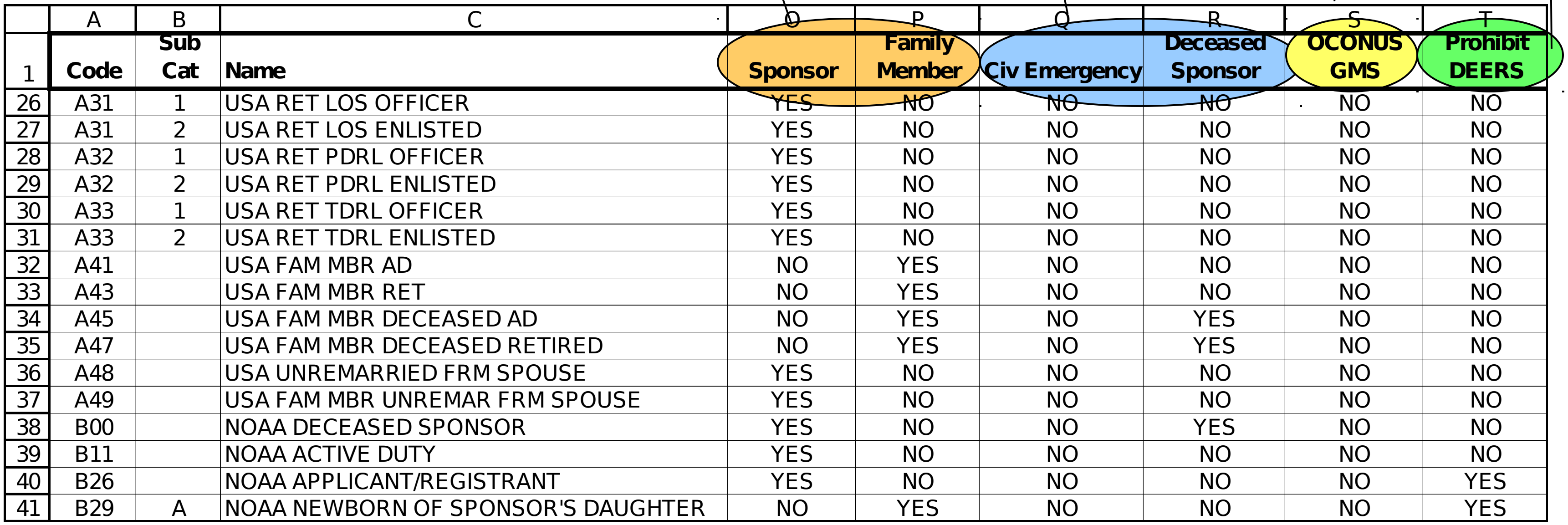


Categorizes patients as Sponsor or Family Member

Special Interest Reporting Categories

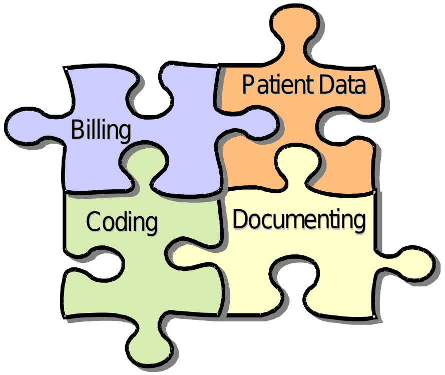
OCONUS Group Meal Sales

Can you skip a DEERS check?



	A	B	C	O	P	Q	R	S	T
1	Code	Sub Cat	Name	Sponsor	Family Member	Civ Emergency	Deceased Sponsor	OCONUS GMS	Prohibit DEERS
26	A31	1	USA RET LOS OFFICER	YES	NO	NO	NO	NO	NO
27	A31	2	USA RET LOS ENLISTED	YES	NO	NO	NO	NO	NO
28	A32	1	USA RET PDRL OFFICER	YES	NO	NO	NO	NO	NO
29	A32	2	USA RET PDRL ENLISTED	YES	NO	NO	NO	NO	NO
30	A33	1	USA RET TDRL OFFICER	YES	NO	NO	NO	NO	NO
31	A33	2	USA RET TDRL ENLISTED	YES	NO	NO	NO	NO	NO
32	A41		USA FAM MBR AD	NO	YES	NO	NO	NO	NO
33	A43		USA FAM MBR RET	NO	YES	NO	NO	NO	NO
34	A45		USA FAM MBR DECEASED AD	NO	YES	NO	YES	NO	NO
35	A47		USA FAM MBR DECEASED RETIRED	NO	YES	NO	YES	NO	NO
36	A48		USA UNREMARRIED FRM SPOUSE	YES	NO	NO	NO	NO	NO
37	A49		USA FAM MBR UNREMAR FRM SPOUSE	YES	NO	NO	NO	NO	NO
38	B00		NOAA DECEASED SPONSOR	YES	NO	NO	YES	NO	NO
39	B11		NOAA ACTIVE DUTY	YES	NO	NO	NO	NO	NO
40	B26		NOAA APPLICANT/REGISTRANT	YES	NO	NO	NO	NO	YES
41	B29	A	NOAA NEWBORN OF SPONSOR'S DAUGHTER	NO	YES	NO	NO	NO	YES

What’s In the PATCAT Table – Part 5?

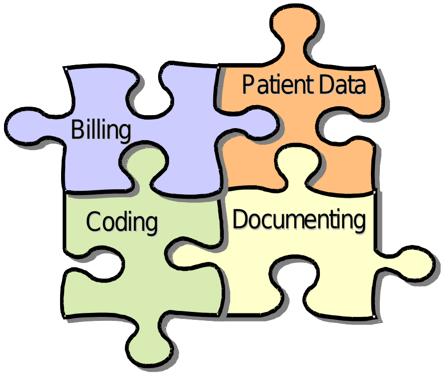


These are the permissible values for a change of Patient Category Code during an inpatient stay.

	A	B	C	U
1	**Code**	**Sub Cat**	**Name**	**To valid Patient Categories**
21	A25		USA FAM MBR FAD-TRANS ASSIST ACT	
22	A26		USA APPLICANT/REGISTRANT	
23	A27		USA FRM MEMBER-MATERNITY CARE	
24	A28		USA NEWBORN OF FRM SERVICE MBR	
25	A29	A	USA NEWBORN OF SPONSOR'S DAUGHTER	A25 ~A41 ~A43 ~A45 ~A47
26	A31	1	USA RET LOS OFFICER	
27	A31	2	USA RET LOS ENLISTED	
28	A32	1	USA RET PDRL OFFICER	
29	A32	2	USA RET PDRL ENLISTED	
30	A33	1	USA RET TDRL OFFICER	A11 1~A12 1~A12 B~A15 1~A15 B~A22 1~A22 B~A23 1~A23 B~A32 1
31	A33	2	USA RET TDRL ENLISTED	A11 2~A12 2~A12 B~A15 2~A15 B~A22 2~A22 B~A23 2~A23 B~A32 2
32	A41		USA FAM MBR AD	A25 ~K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
33	A43		USA FAM MBR RET	K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
34	A45		USA FAM MBR DECEASED AD	K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
35	A47		USA FAM MBR DECEASED RETIRED	K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
36	A48		USA UNREMARRIED FRM SPOUSE	K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
37	A49		USA FAM MBR UNREMAR FRM SPOUSE	K82 1~K82 2~K82 3~K82 4~K82 5~K82 6~K82 7~K82 8~K82 9~K91 1
38	B00		NOAA DECEASED SPONSOR	
39	B11		NOAA ACTIVE DUTY	B31 ~B32 ~B33 ~K61 1~K61 2
40	B26		NOAA APPLICANT/REGISTRANT	
41	B29	A	NOAA NEWBORN OF SPONSOR'S DAUGHTER	B41 ~B43 ~B45 ~B47

CORE COMPETENCIES

Dissecting PATCAT Codes


Patient Data
Billing
Coding
Documenting

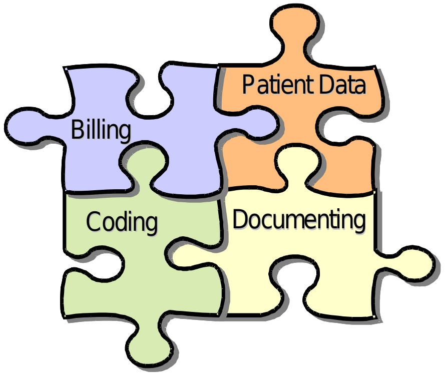
- Basic code covers a ‘Category’ of interest

A11 = USA ACTIVE DUTY
K53 = OTHER FED AGENCY/DEPT EMPLOYEE

- Sub-categories segment the group

A11 A = USA ACTIVE DUTY OFFICER
A11 B = USA ACTIVE DUTY ENLISTED
K53 A = TREASURY DEPARTMENT
K53 B = HEALTH AND HUMAN SERVICES

Dissecting PATCAT Codes – First Position


Patient Data
Billing
Coding
Documenting

A = Army

B = National Oceanic and Atmospheric Administration

C = Coast Guard

F = Air Force

K = “Katch-all” (many “Other” and “Special” categories)

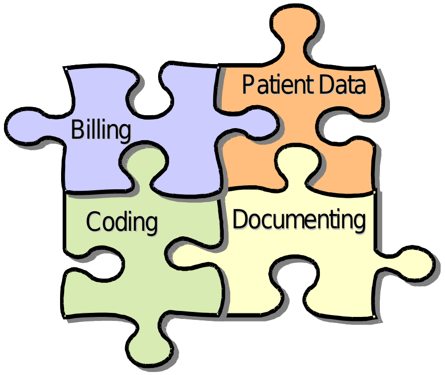
M = Marines

N = Navy

P = Public Health Service

R = Reciprocal Agreements (US with other nations)

Dissecting PATCAT Codes – Positions 2 - 3


Billing
Patient Data
Coding
Documenting

1x = Extended Active Duty Sponsors

2x = ROTC; Inactive Duty Guard/Reserves, TAMP/TRS, Former Members, Applicants

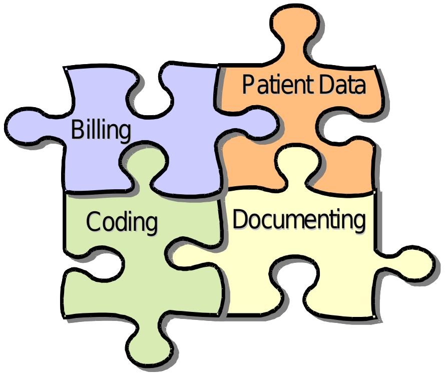
3x = Retirees

4x = Family Members, Former Spouses and Family Members

5x – 9x = Used to segment “K” Codes

CORE COMPETENCIES

Common PATCAT Codes


Patient Data
Billing
Coding
Documenting

*11 = Active Duty

*31 = Retiree (Length of Service)

*41 = Family Member of AD

*43 = Family Member of Retiree

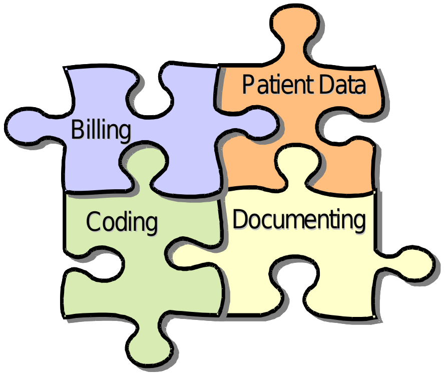
*29 A = Newborn of Sponsor's Daughter

NOTE: The "*" above is for Sponsor Service (A,B,C,F,M,N,P)

K92 A = Civilian Emergency

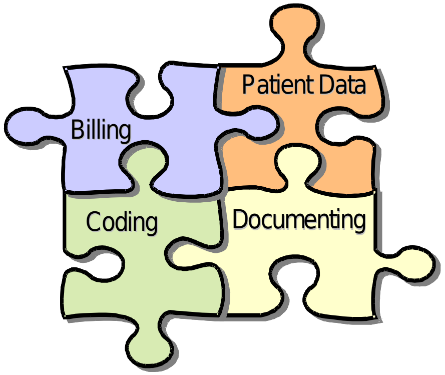
K99 = Patient Not Elsewhere Classified

Some PATCATs Are Strange! – Part 1



- Who are Supernumeraries (53 U)?
- They are SECDEF Designees…and they include:
  - President and Vice President of the US
  - Members of the Cabinet
  - Article III Federal Judges
  - US Court of Military Appeals Judges
  - Secretary, Deputy Secretary, Assistant, and Undersecretaries of Defense
  - DoD General Counsel
  - Director of Operational Test & Evaluation for OSD
  - Secretaries, Undersecretaries, Assistant Secretaries, and General Counsels of the Military Departments

Some PATCATs Are Strange! – Part 2



- Who are Supernumeraries (53 U)?
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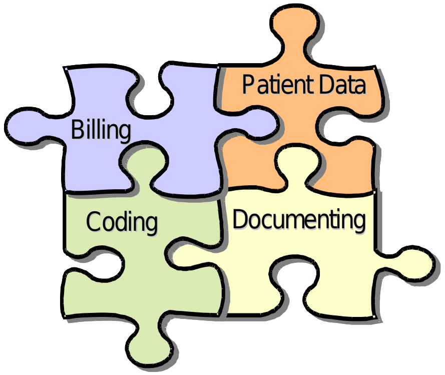
  - US Court of Military Appeals Judges
  - Secretary, Deputy Secretary, Assistant, and Undersecretaries of Defense
  - DoD General Counsel
  - Director of Operational Test & Evaluation for OSD
  - Secretaries, Undersecretaries, Assistant Secretaries, and General Counsels of the Military Departments

CORE COMPETENCIES

Some PATCATs Are Strange – Part 3

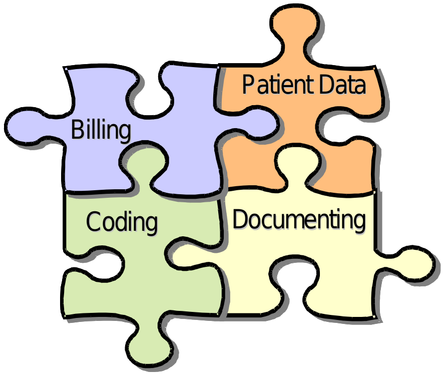


When Can We Charge Members of Congress and the Other Supernumeraries?

- Outpatient Care provided in National Capital Area (NCA) MTFs
  - Charges waived
- Outpatient care provided in MTFs outside the NCA
  - Members of Congress = Full Reimbursement Rate (FRR)
  - All Others = Interagency Rate
- Inpatient Care in MTFs anywhere
  - Members of Congress = Full Reimbursement Rate (FRR)
  - All Other Supernumeraries = Interagency Rate

CORE COMPETENCIES

Some Rate Are Strange, Too!



- Flexible Rates are MTF-specific rate calculations used for specialized PATCATs
- Example: K76 C – GTMO
  - Care for local national civilians at the NH Guantanamo Bay requested by Navy/SG in Letter of 14 Jan 02
    - Inpatient Day Charge = $15.00
    - Outpatient Visit Charge = $45.00

C
O
R
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C
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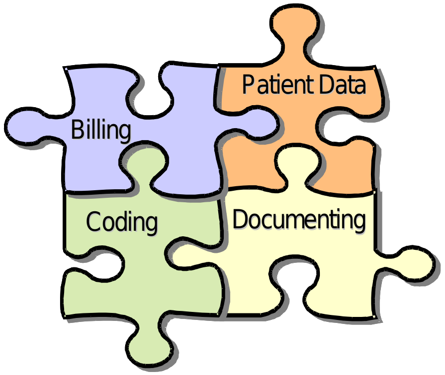
S

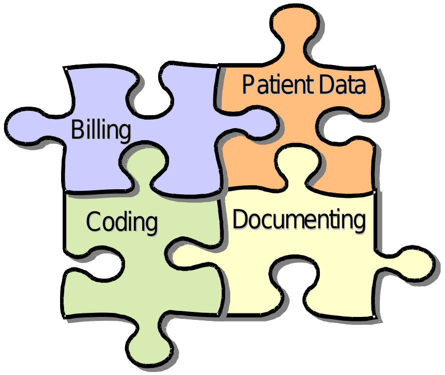
DEERS and CHCS May Be Out of Synch With Your Operational Reality!



- High OPS Tempo and creation of new benefits lead to lags in updating DEERS and CHCS
  - Activation/Deactivation of Reserve/Guard personnel
  - Entry into Transition Assistance Management Program (TAMP)
  - Entry into TRICARE Reserve Select
  - Moves from Active Duty to Retiree status

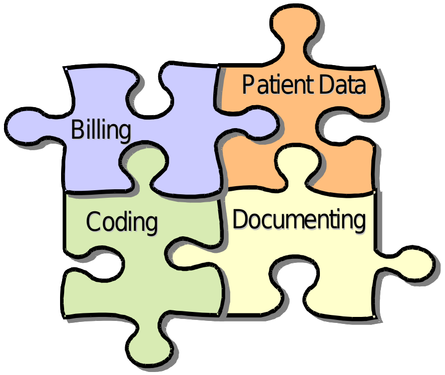
CORE COMPETENCIES

Some Patients Are Not What They Seem!


Billing
Patient Data
Coding
Documenting

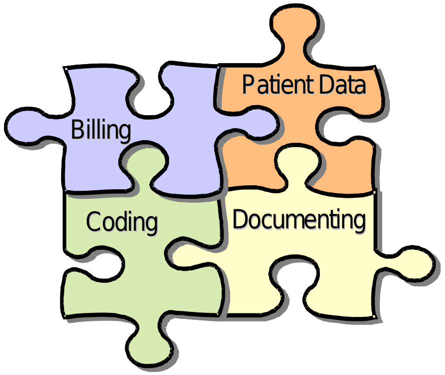
- MHS Beneficiaries (Retirees, Family Members of AD or Retirees) who are also
  - Civil Service Employees
  - Contractors
  - DOD Dependent School System Employees
- Generally use the PATCAT based on the MHS Beneficiary

You Need the “Right” PATCAT For the Dates When Care Was Provided



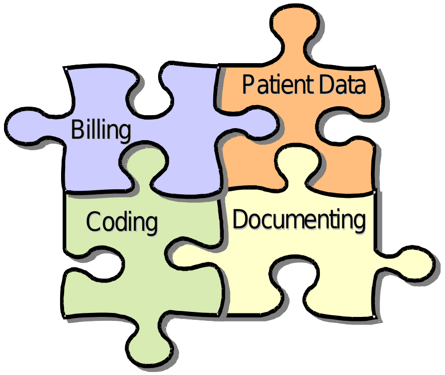
- You may need to double-check the PATCAT data in CHCS against other data you have gathered
- Be sure to use a DEERS eligibility inquiry that covers the Dates of Service…DEERS may have been updated
- Be mindful that Reserve Component personnel can go from Inactive to Active to TAMP…and now to TRS all in the space of a few months

Recent Changes in PATCAT Codes


Billing
Patient Data
Coding
Documenting

- Removal of Subsistence Rate billing for officer and some enlisted personnel
- Use of “*24” and “*25” PATCAT Codes as interim solution for TRICARE Reserve Select
  - Program began 26 April 2005

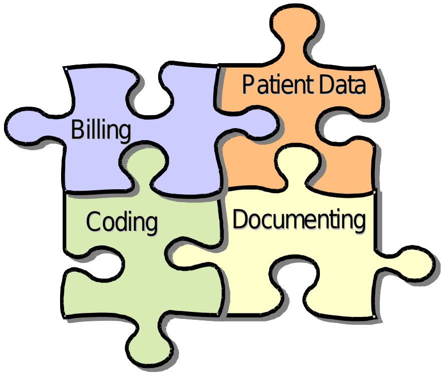
TRICARE Reserve Select

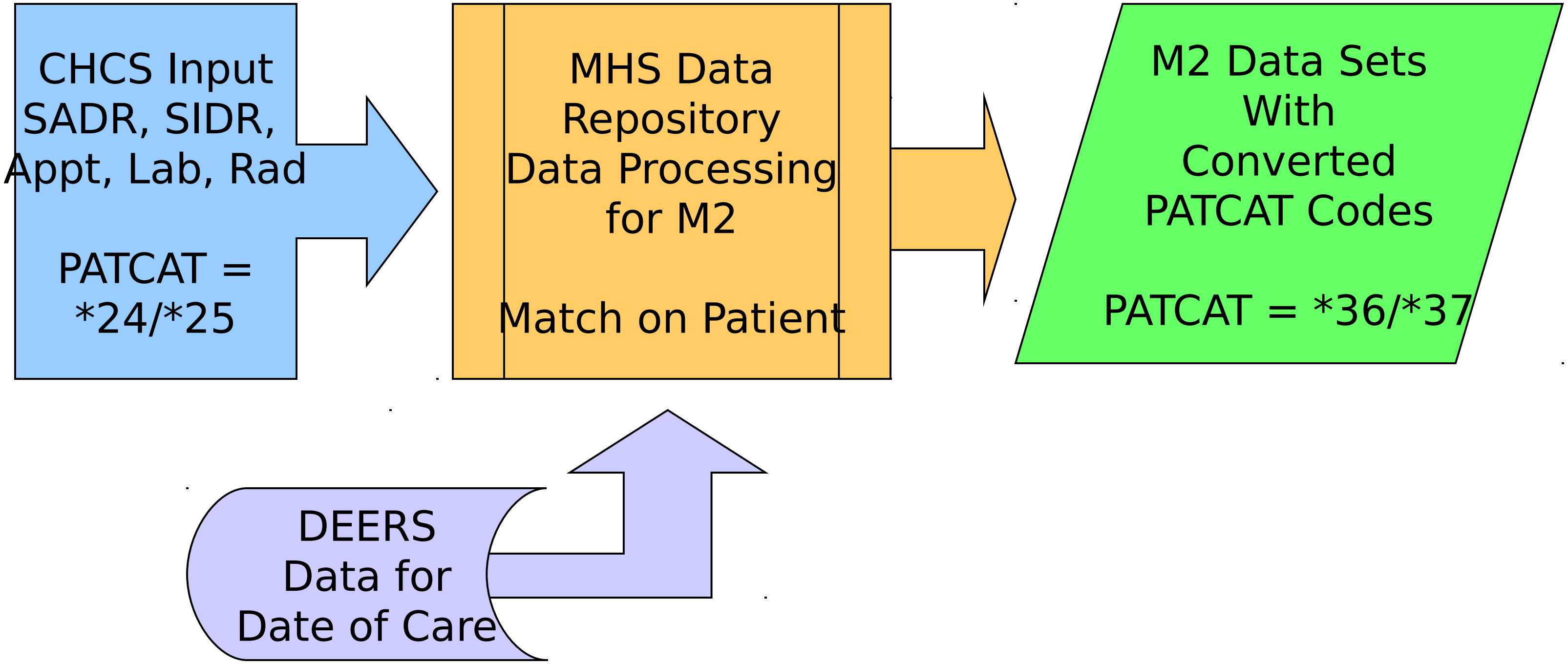


- New program under which a Member can ‘buy’ TRICARE for self only or self and family
  - Must have served on Active Duty more than 90 days
  - Must join Selected Reserve for one year or more
  - Must pay monthly premiums
- Interim PATCAT Codes in CHCS and other operational systems
  - *24 = Member participant in TRS
  - *25 = Family member participant in TRS
- Interim PATCAT Codes in M2 Tool
  - *36 = Member participant in TRS
  - *37 = Family member participant in TRS

CORE COMPETENCIES

TRICARE Reserve Select – Conversion of PATCAT Codes for M2 Use


Patient Data
Billing
Coding
Documenting



CHCS Input
SADR, SIDR,
Appt, Lab, Rad

PATCAT =
*24/*25

MHS Data
Repository
Data Processing
for M2

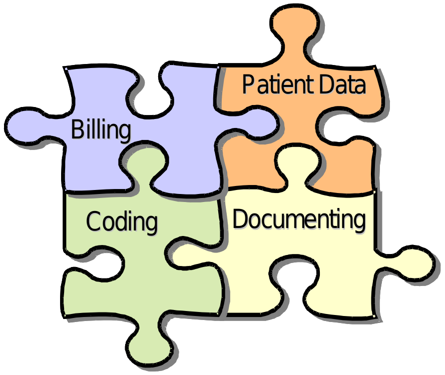
Match on Patient

M2 Data Sets
With
Converted
PATCAT Codes

PATCAT = *36/*37

DEERS
Data for
Date of Care

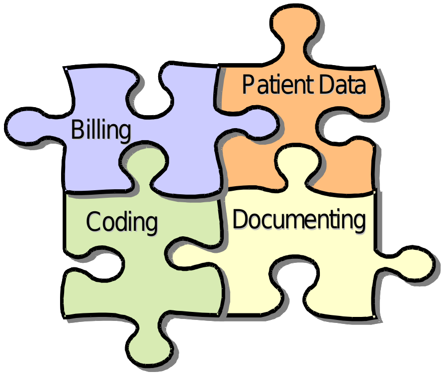
CORE COMPETENCIES



Proposed Changes for PATCATs

- Create new PATCAT Codes for TRICARE Reserve Select
  - *36 and "*37" recommended
- Add K53 Z for Non-Appropriated Fund Employee – CONUS
- Add new PATCAT Codes for Coalition Forces – OCONUS
  - K80 and K81 recommended
- Split K92 C – SOC SEC BENE/MCARE/MCAID/SCHIP into several separate PATCATs
  - Social Security – Medicare
  - State – Medicaid
  - State – Children's Health Insurance Program
- Expect implementation of changes to take several months
  - Watch UBO site and CHCS change packages for announcements

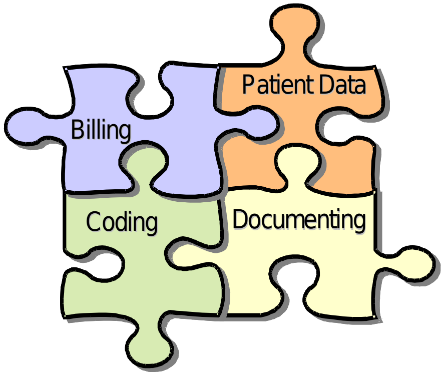
Where to Get Help With PATCATs



- MTF Colleagues - PAD staff are your friends
  - Understanding who has what entitlement
  - Investigating and resolving possible PATCAT errors
- Service UBO Points of Contact
- UBO Web Site: http://tricare.osd.mil/rm/ubo_home.cfm
- UBU Web Site: http://www.tricare.osd.mil/org/pae/ubu/default.htm

CORE COMPETENCIES

Summary


Patient Data
Billing
Coding
Documenting

- Purpose: PATCATs group patients to support tracking, reporting, billing
- Importance: Used by many functions and systems; linked to billing for services
- Structure: Service/Civilian; Category; Sub-Category
- Help: Colleagues in PAD; Service POCs; UBO Web site; UBU Web site